AMERICAN

JOURNAL OF INSANITY,

FOR JANUARY, 1871.

THE McFARLAND TRIAL.

There are many things in this world that we do not comprehend, and which God probably intended that we never should comprehend, *in this world.* If our souls be immortal, there is time and room after this life of three or fourscore to learn all that our capacity will allow us to fathom. The present life is the infancy of our souls. After it, we may expand our faculties by degrees, and by we know not what sort of education, to a maturity of knowledge far beyond their present capacity of acquiring it. It would seem to be lamentable to spend an eternity without progress in knowledge and wisdom; and we feel and believe that the universe is wider than our present powers of comprehending it. One look through a telescope satisfies us of that, in a mere physical view; one glance of our imagination, one touch of our reason, satisfies us of it in an intellectual and moral view, to the extent that our limited faculties allow us to be satisfied of any thing. Of course one man will differ from another in the clearness and firmness of his convictions; but every one who thinks or feels will have some conviction, more or less distinct, that he has a vaster world and a longer life before him than this.

Nobody pretends to sound the profundity of certain mysteries of constant observation and occurrence which, because they are apparently of course, we are apt to give ourselves very little trouble about. Can any one solve the mystery of his birth, or of his life, or of his death? Can he solve the ultimate mystery of what he deems more insignificant matters,—the germination of seeds, the growth of plants, and all the various operations of nature that he witnesses daily, and with the daily disregard with which he witnesses all customary things? How then can we expect to fathom the great constant mystery of the condition and co-operation of soul and body, of their reciprocal relations and influences? We can see and feel the body; but what is the mind which we cannot see, but do feel, not with any touch of sense, but consciously?

There is a wall of adamant between our human faculties and the spiritual world, or the world supernatural, notwithstanding the kin between them, against which we may butt, with all our brains, in vain. The human mind cannot pass that boundary, which like the gate of Eden is guarded by a flaming sword. The vinegar of human wit is not sharp enough, like the vinegar of Hannibal which solved a way through the mountains, to solve a passage through the barriers which God himself has interposed between the mind of man and the regions he has determined to be inaccessible to human investigation, and to be seen as in a cloud darkly even by faith, which is the only evidence of things unseen. Faith, reasonable, purblind, or stone-blind, is the only alternative provided by any known revelation. We must believe the revelation, or lack the only knowledge in our power. We see effects, we can only infer the ultimate causes; and there are effects which to our senses and to our reason have no apparent cause. The

most daring natural philosophers and experimentalists of these days, who make scepticism the very corner store of their hypotheses and experiments, with all their acuteness, cannot pierce that adamantine barrier, which God has set up against them; "because truth," (says the 'Christian Cicero,' Lactantius,) "which is the secret of the Most High God, whose proper handiwork all things are, cannot be compassed with that wit and those senses which are all our own." Biogenesis, Abiogenesis, Heterogenesis, and Xenogenesis, however interesting as subjects of investigation, and however near they may bring us to the origin of *life*, can never displace Genesis—the first book of Moses—in accounting for the origin of the *soul*. The *earth brought forth* the living creatures after their kind; but God *formed* man after his own image, breathed into his nostrils the breath of life, and he became a living *soul*. They cannot extinguish the innate idea, or notion, or fancy, or conviction, or whatever else it is that makes universal humanity believe itself more important than the beasts that perish; and to claim a superior relationship with the Creator, and a closer connection with the supernatural, the mysterious, the omnipotent, the supreme-controlling, the supreme-originating power; which power we call God, and not force, or magnetism, or any other subtilest created thing.

Science has its limits, which, in many directions have not as yet been reached, and its efforts in those directions are to be encouraged. In the region of psychology, a knowledge of the mind or soul as it exists either simply or in connection with the body, the acutest intellects have puzzled themselves, by no means in vain, but with little strict scientific success. All the light they have shed upon it, outside of revelation, is twilight; and as a science proper it can never partake of the certainty

of the purely physical sciences. It seems to defy the power of language, and its professors are ever at loggerheads about terms and definitions and phrases which they never understand alike. The mind itself seems to lack the power to understand and analyze itself without confusion,—"in wandering mazes lost." Hear Lord Bacon: "Although I am of opinion that this knowledge may be more really and soundly inquired even in nature than it hath been; yet I hold that in the end it must be bounded by religion, or else it will be subject to deceit and delusion; for as the substance of the soul in the creation was not extracted out of the mass of heaven and earth, by the benediction of a *producat*, but was immediately inspired from God; so it is not possible that it should be, otherwise than by accident, subject to the laws of heaven and earth, which are the subject of philosophy; *and therefore the true knowledge of the nature and state of the soul, must come by the same inspiration that gave the substance.*."

That the new gospel of science, in the manner it is now preached, teaches or tends to materialism and religious infidelity, is a complaint made by many who do not dispute or doubt scientific truth, and who are decidedly zealous for its discovery and its dissemination. There are many religious minds which are neither superstitious nor credulous; but which have reached as firm convictions of the truths of Christianity by a logic, deduced from ethical and intellectual postulates and admissions, as severe as any that science uses in the investigation of physical truths, to say nothing of a sort of instinctive prompting or conviction that is as satisfactory to most minds as any formal process of reasoning. Lord Bacon was of this number; so was Hooker; so was Newton; so was Newton's predecessor, Barrow; so was

Sir Thomas Browne, so was Boerhaave,* both physicians; and so was Butler, famous for his Analogy; all men distinguished in science and reasoning, and for intellects eminently fitted to doubt as well as to believe. Their minds were broad enough to discern the difference between the inductive process and method by which physical and natural truth must be discovered, and the moral and instinctive process by which the conscience may be convinced when the intellect may not be. Physical truth and moral truth cannot, from their different natures, be susceptible of the same kind of proof, although each may be satisfactorily proven to the same mind, the one by induction from facts, the other by the assent of consciousness and faith in the moral evidence. Some of the strongest minds reach the soundest conclusions without any communicable process of logic; just as a juryman will give a right verdict, the reasons for which the judge can expound much more lucidly than himself.

We are of those who believe that there is no necessary conflict between science and religion, and that there has never been developed a scientific truth that should cause a doubt in a religious mind respecting the truths of the Christian revelation. The medical profes-

* Boerhaave's first essay (on taking his degree in philosophy) was on the subject of the distinct natures of the Soul and Body, confuting Epictetus, Hobbes, and Spinosa. During his last painful illness, in conversation with a friend he said, "He had never doubted of the spiritual and immaterial nature of the soul: but declared that he had lately had a kind of experimental certainty of the distinction between corporeal and thinking substances, which mere reason and philosophy cannot afford, and opportunities of contemplating the wonderful and inexplicable union of soul and body which nothing but long sickness can give. This he illustrated by a description of the effects which the infirmities of his body had upon his faculties, which yet they did not so oppress or vanquish, but his soul was always master of itself, and always resigned to the pleasure of its Maker."—*Dr. Johnson's Life of Boerhaave.*

sion, we are aware, has somehow acquired the repute, notwithstanding many admitted and distinguished exceptions, of being given, more than other professions, to religious scepticism. The old gibe was, "wherever there are three physicians, there are two atheists!" We believe it to be in reality a popular sarcasm, and not an actual truth, as it respects the mass of the profession; and we think it due to that profession to vindicate it from such an undeserved reproach, on every proper occasion.

These general remarks are suggested by some medico-psychological definitions and assumptions propounded as fundamental for the solution of mysterious questions, which involve a knowledge beyond the human capacity to answer them, and which are consequently beyond the reach of the profoundest human science to master, because they are not purely physical and material questions. It is a great struggle not only with psychologists and medico-psychologists, but with curious and ardent thinkers of every profession, to account for the existence, the nature, and the manifestations of the mind, to solve the mystery of its connection with the body, and the secret of their reciprocal action upon each other. Of course, it is a vain struggle as to its ultimate purpose, although it evolves much useful discovery, particularly on the medical side. Such enigmas defied the acutest intellects of pagan antiquity, without revelation; and they have defied the acutest minds since, with it; and we doubt whether all the psychological developments in the world will ever solve such mysteries without a new divine revelation, which we have no ground to expect; for, according to Bacon's Confession of Faith, this is that one of the three times, or parts of eternity, which is "the time of the mystery, which continueth from the creation to the dissolution of the world."

The newest definition of the mind of man is that it is "a *force* developed by nervous action."* The propounder of this has also written a work† from the "stand-point of regarding the mind as nothing more than the *result* of cerebral action. Just as a good liver secretes good bile, a good candle gives good light, and good coal a good fire, so does a good brain give a good mind. When the brain is quiescent there is no mind." All this is flat materialism, and we are by no means of such a faith. We do not believe that many of the medical profession concur in these assumptions, although they are the doctrines of one of them, and form the very first and fundamental proposition of a medico-legal essay in a contemporary journal. No true expert in insanity, qualified by long, special, and intimate observation and practice among the insane in all their moods and aspects, called as a witness, needs to resort to any such sophistical postulates to bolster his conclusion. He may conscientiously believe a man to be insane, and it is his duty to say so; but it is not his duty to stultify himself and his profession and to befog courts and juries with elaborate sophisms or elenchs, and to be as positive as if he were dealing with a matter of anatomy or chemistry, instead of a subject that involves, in nearly equal degrees, questions appealing to our senses, and questions above both our senses and our reason; an insoluble compound of physical and moral science; "a knowledge," according to Bacon, "concerning the sympathies and concordances between the mind and body, which being mixed, cannot be properly assigned to the sciences of either." Professor Rolliston therefore makes a nice and right distinction:

* *Journal of Psychological Medicine*, Vol. iv. No. 3. (July, 1870.)

† *Sleep and its Derangements.* By Wm. A. Hammond, M. D., Prof. of Diseases of the Mind and Nervous System, &c.

"The physiologist, as such, has nothing to do with the data of psychology, which do not admit of being weighed or measured, nor of having their force expressed in inches or ounces." Medical psychology is a different thing from pure psychology, which is metaphysics; and medical-legal-psychology is a hybrid mixture surpassing metaphysics for common use and understanding, and the middle term of which is sadly crushed by the other two. Between the doctor and the professor,—between physic and psychology,—the lawyer and his innocent science bid fair to be smothered, and anything like old-fashioned criminal justice to be administered in minims, under the pretext of tempering it with mercy,—often of a quality highly strained.

We have no disposition to stir up unpleasant reminiscences of the notorious trial of McFarland; but as it has been made the special subject of a "medico-legal study" by one of the expert witnesses, we offer a remark or two upon that. Its fundamental definition of the mind as "a force developed by nervous action" puts the mind on the same footing with steam which is a force developed by fire and water, and with other forces which are developed by various combinations of natural elements. If the mind be a nervous force, a secretion of the brain, and does not exist when the brain is quiescent, a believer in that assumption has not much need of psychological knowledge; for the mind is not mind but matter, and psychology does not deal with matter, such as the brain secretes, any more than with such as the liver secretes. That nervous force which is a *secretion of matter* cannot help being a physical substance itself, as the secreted fire of a flint "when much inforced shows a hasty spark," in evidence of its substantial elemental existence, which is heat as well as light, and is inquired into like other sensible elements. When

the flint is quiescent, the secreted light and heat are *nil*, according to medico-legal philosophy; so that the stroke of the steel performs an office of creation by making something out of nothing,—making sparks fly when there are no sparks.

We have not quite the 'medico-legal' faith of the essayist in transitory mania. We know that an insane man may have instantaneous paroxysms of madness at unexpected times; but they may be prognosticated as likely to occur at sometime, and perhaps often and at uncertain intervals. But it is not characteristic of insanity that a man should be well at one moment, beside himself the next, and the next after be sound again. Such ebullitions are rather characteristic of the passions of sane men, and for the moment do, or seem to, deprive a man of his wits and his self-control. The law recognizes that common infirmity as a 'heat of passion,' and makes a due allowance for it in excusing the criminality or modifying the penalty of acts committed in such a heat; not because there is any disease of insanity in them, but because they are sprung upon men by provocations too sudden and sharp for a moment's reflection.

We will now leave the *Journal of Mental Science*, to express its opinion on the McFarland trial.

[From the *Journal of Mental Science* for October, 1870. London.]

"The McFarland Trial."—In the "*New York Times*" of April 26th and April 27th may be seen in large capitals—"The McFarland Trial. Highly important testimony of a medical expert! The causes which tend to produce insanity! What is congestion of the brain? How its presence is positively determined. Opinion regarding McFarland's mental condition. Further important evidence of medical witnesses! Various grades of insanity explained. How the physicians determined that the prisoner was insane. Various mental tortures applied! The poor fellow thrown to the verge of acute mania!!" In all the New York papers of

about a week later there were strikingly vivid descriptions of a scene in the court where this McFarland trial had just terminated by the acquittal of the prisoner. We read that ladies wept for joy, and men hurrahed, that prisoner, and counsel, and jurymen were hugged and kissed by excited women, and the man who had an hour before been standing in the dock, tried for his life, was now greeted with the acclamation given to a popular hero; the man who had just been declaimed by the highest medical authorities in the New World to be so mad as to be quite irresponsible for a deliberate murder committed by him in broad day light, was now hailed as the champion of the principle of the sacredness of the marriage tie.

Such was the sensational ending of a story which from the beginning had been in the highest degree sensational in all its incidents. The prisoner, Daniel McFarland, had in 1857 married a handsome girl of 19, telling her he was a lawyer in good practice, possessed of money, and with a comfortable home in the West. The poor girl soon found that the practice was a myth, the home a third-class lodging-house in New York, and the husband an Irishman, greatly given to "Schiedam schnaps." He drank hard, and when under the influence of the "schnaps" was brutal, cruel, and to all intents and purposes mad. They led a wandering, miserable life. To support their children Mrs. McFarland used to write for magazines, and latterly to act at theatres, and she evidently showed talent and accomplishments. In 1866 she seems to have become acquainted with a Mrs. Calhoun, who whispered in her ear the new gospel of "woman's rights," and became the confidant of her sorrows and trials. She became acquainted, too, with a Mr. Richardson, a man of education, intelligence, and agreeable manners, who was very kind to her, and sympathized with her unfortunate position. Under those circumstances it is not very surprising that she and her husband got on worse and worse, and that at last she put in practice the theories of her friend Mrs. Calhoun, as to the right of a woman to get rid of a drunken and cruel husband. The divorce laws of Indiana offered her a convenient means of doing so, without even letting her husband know anything about it. When McFarland heard that his wife was divorced from him, he seems to have behaved very like a man whose powers of self-control were, to say the least, considerably weakened. The affection he had for his wife and children showed itself certainly very strongly in many ways, but his habits of intemperance became more marked, he seemed to have hallucinations of vision, to be

depressed in mind, to talk of suicide, (as he had constantly done before when drunk,) to talk to all his friends very freely about his domestic troubles, and to be erratic in his habits and ways. He found out that his divorced wife was becoming more intimate with Mr. Richardson; he heard they were to be married, and he fancied that she must have committed adultery with him before her divorce, and that all his children would be taken from him. The result was that he shot Mr. Richardson in open day, wounding him fatally, so that he died in a few days. Before he died, however, a marriage ceremony was performed between him and Mrs. McFarland, in which many sensational accessories and incidents were introduced. Two of the best-known clergymen in New York performed the ceremony.

McFarland was tried for the murder, and the defence was that he was insane when he committed the act. Public opinion was most violently agitated on the whole matter. New York divided itself into two camps, the sympathizers with McFarland, who were naturally those who held the old fashioned views as to marriage, and the sympathizers with Mrs. McFarland, who comprised all the new and rising "persuasion" of the believers in easy divorce, woman's perfect equality with man, free love, &c. Neither party cared in the least whether McFarland was insane or not, but as it was on the decision of this question, that he was to be hanged or not, all the best known experts were summoned to give their opinion, and this opinion was the sensation of the hour in New York. Hence the startling headings in big type quoted above.

The chief medical experts examined were Dr. R. A. Vance, Dr. R. L. Parsons, and Dr. Hammond. Their testimony was in keeping with the other parts of the drama, being new and startling in no ordinary degree. Dr. Vance is described by the "*New York Times*" as "a gentleman of somewhat youthful appearance, but possessing intellectual characteristics far beyond his years," who "gave his evidence in such an intelligible manner as to be understood by persons of ordinary comprehension," describing the "structure of the brain, illustrating, as he proceeded, by reference plates, which showed a healthy and a diseased condition of that organ." "He described the uses of the opthalmoscope, telling how physicians determined the presence of congestion of the brain," and applied the "whole class of symptoms indicating congestion of the brain to the case of McFarland." He described and laid great stress on the pulse being very quick (107,) and becoming much quicker during the three hours he was under examination. He thus summed up his evidence:—

Q. What organic changes are apparent in an individual who suffers from congestion of the brain? *A.* The appearances will vary; sometimes you see a general haggard appearance—sometimes slight paralysis in the eye—paralysis of the face—hanging of one cheek—distortion of the mouth, one corner being depressed and another elevated—the tongue not coming out in a straight line, but projecting to one side, and the person being unable to articulate properly; then there is paralysis of the arm and leg, when they cannot maintain a continued tension; there is also a projection of the eye which it is impossible to assume.

Q. What is the change in color of the brain, to which you have referred, attributable to? *A.* Increase in the amount of blood circulating through the vessels in the back of the eye; any process of decay that alters its appearance might cause degeneration of the optic nerve.

Q. What change of character is there in those who suffer from congestion of the brain? *A.* There is a general change of character; for instance, a moral man may become obscene, a pious man may become very ungodly, and a thrifty person may become spendthrift; a feeling of depression and exaltation is also very common, and is inseparable from insanity; memory generally fails and judgment is invariably impaired, and the speech becomes incoherent; besides this, there are illusions, hallucinations, and delusions; in the beginning the person simply complains of dark spots in his vision and noises in the ears, then follow hallucinations, and finally delusions; wherever congestion of the brain exists, it is accompanied by these signs if it continues for any length of time.

It appears that a first cousin of McFarland, to whom he was said to bear a resemblance, had been insane, and this was duly dwelt on. At last the counsel for the prisoner asked Dr. Vance the very longest question ever asked in a court of justice (it is said) which occupies more than half a column of very small type, the answer to which was, "I should unhesitatingly say he was not in his right mind—that he was insane." And unquestionably if McFarland answered to the supposed cases described in the question, he was mad enough, for amongst other things mentioned were hallucinations, delusions, suicidal tendencies, sleeplessness, frenzy, and absolute distraction, not to speak of a pulse varying from 100 to 130, the "involuntary working of the muscles of his chin and about his mouth and nose," and the "tendency to pull his hairs." Dr. Parsons gave similar evidence to Dr. Vance, and then Dr. Hammond was examined. He described how he "ascertained the presence of congestion of the brain by the opthalmoscope, measured the strength of the nerves by the dynamograph, timed his pulse, which he found varying from 104 to 124; and by speaking of Richardson, and showing McFarland photographs of his wife, made the poor man almost frantic with grief, and then, grasping his hand, found his pulse to be 142. At this time McFarland was almost uncontrollable, and exhibited all the symptoms of acute mania." It is said that those experts stood a most severe cross-examination without fliching from their opinions.

Those American experts were bold men. Have we not all been longing for the coming time when our knowledge of the structure of the brain, and of its pathology, would enable us definitely to connect its organization and disorganization with sanity and insanity? Who can describe the mental tortures that our poor "mad-doctors" might not have been spared from merciless counsel as they vainly tried to reconcile metaphysical abstractions with the working of brain cells, if they could have triumphantly appealed to what they saw through the opthalmoscope, and to what the dynamograph told them? Well might one of the young lions of the "*Daily Telegraph*" roar about the new era which this trial had inaugurated in the detection of insanity. No longer will the "*Saturday Review*" be able savagely to vituperate the men who venture to say that they think an imbecile epileptic is not altogether responsible at all times for his actions, for (after drinking and fits) are not the vessels of his retina highly congested?

That this bold appeal to physical facts and symptoms, and insrumental indications in a court of justice is in the right direction, cannot be doubted. America deserves the credit of the novel idea. But it is to be feared that for some time we shall differ as much about the physics as the metaphysics. Oculists will be called in to say that all sorts of congestion of the retina may occur without any trace of perversion of intellectual vision; physiologists will say that the indications of the dynamograph are as yet very uncertain; physicians will quote cases of high pulse, and raised temperature, and all sorts of nervous twitchings and unsteadiness, when at the same time there was absolute freedom from intellectual or emotional derangement; and pathologists will, as before, describe instances of softened brains which seem to have been compatible with sound minds. Dr. Hammond has the respect of the whole profession, but many persons will be found to say that a considerable portion of his evidence, and that of Dr. Vance in the McFarland trial, was only an application of sensational psychology to a sensational case.

T. S. C.

THE CRIMINAL INSANE OF ENGLAND:

A MEDICO-PSYCHOLOGICAL AND LEGAL STUDY.*

BY A. BRIERRE DE BOISMONT.

During a long succession of ages everything that has been styled a crime has been visited in the name of human justice and the safety of society with severe punishment, even to the penalty of death. These sentences were rendered under the influence of immutable principles which cannot be denied without disturbing the foundations of social order.

These considerations have constituted the chief arguments for the condemnation of the sorcerers, the magicians, the "possessed," the heretics of former times. In our days, these same considerations are reproduced, with variations, in most of the sentences passed upon insane persons, who have yielded to heinous passions, though reasoning clearly, and distinguishing right from wrong; upon the backward, the feeble-minded, the imbecile, even idiots; in fine, upon "hereditaries," in whose cases degeneracy can be traced through many successive generations.

The nature of the crimes committed, the physical and moral condition of those who committed them, were, however, the first questions to study; and this is what

* This article was read before the Medico-Psychological Society and the Academy of Medicine, January 19th, 1869. It is here translated for the "American Journal of Insanity," with the exception of such portions as are almost identical with passages in the article by the same distinguished author, entitled "The Insane in our Prisons and before the Courts," which was translated for the last number of this Journal.

has been done by the Beccarias, the Mittermaiers, and so many other illustrious philanthropists. The results of their efforts are apparent to all. Since the beginning of this century more than one species of torture has disappeared, and the death-penalty has been considerably restricted. From time to time it is abolished in some States; in others it is only applied at long intervals: in every civilized nation it is a cause of terror to the great majority of juries. The criminations of the penal code in their relations with man and society, which M. Mouton, former prosecuting attorney, recently reckoned at the Sorbonne at twenty-four hundred in number, were calculated also to raise doubts of more kinds than one in the minds of jurists and physicians upon the identity of the nature of the crime. How, indeed, style as guilty the drunkard, who has become insane, and is no longer able to resist his fatal propensity? How unite under the same designation, "dipsomaniacs," persons who are seized, at certain times, with an irresistible desire for drink; women subject to this propensity under the influence of pregnancy or menstruation; individuals wounded in the head, &c., although their propensity may have involved them in the most criminal acts? Is not the argument that people know to what they are exposing themselves, in satisfying their passions, a species of reasoning false and pitiless, when it is applied to those whose organizations are deteriorated and overcome by disease? If we have chosen drunkenness by way of illustration, it is because this scourge is constantly increasing, and the lessons we draw from it are readily to be appreciated. Marcé has shown that at Bicêtre the number of alcoholic insane increases every year in a startling degree, so that in six years the proportion of this class has more than doubled.

Dr. Zani, of the asylum of San Orsola, at Bologne,

out of 1,665 received at this institution, describes 302 as alcoholic. Monti states the proportion at Ancona, as 252 out of 875 cases; Gambari, 54 out of 286; Giromi, at Pesaro, 247 out of 1,213 admitted.

The frequency of the abuse of alcoholic liquors in causing insanity, tends therefore largely to diminish, in such instances, the imputation of criminality, because it shows it to us under the influence of an almost irresistible pressure. But the designation of criminal loses all its significance, when we know the serious lesions in the system produced by the prolonged abuse of alcoholic liquors, and their intensity, when they have been transmitted by many successive generations of drunkards. In such instances we are no longer in the presence of invisible dynamic disorders; the evil shows itself in every part of the body, and appals us by its multiplicity. We will confine ourselves to a simple enumeration of the principal organic alterations caused by long-continued use of alcoholic liquors.

What do we perceive in persons who are the victims of excessive, long-continued drunkenness? Diminution of the red globules, increase of the white globules, fatty state of the blood, lesions of the vessels of the brain and of its membranes, deposits of fatty matter upon its substance, atrophy of the organ itself, fatty degeneracy of the liver, the kidneys and the heart, numerous alterations of the nervous system, &c. Observation shows that these disorders attack not only the drunkard himself, but his descendants as well. It is henceforth to be considered as proved that the children of confirmed drunkards are frequently imbeciles, idiots, have vicious instincts, inaptitude for work, an absence of the moral sense, a propensity to crime; and many so descended are sexually impotent.

We refer to the work of Magnus Huss,* for proofs of the terrible ravages caused in Sweden by excessive abuse of spirituous liquors.

This study of the cause of criminality has put it beyond doubt that many culpable acts are attributable to insanity, and that insane persons are often found among convicts. This fact attracted the attention of inspector-general Ferrus, as will be seen below: English investigations have established it beyond a doubt. It is our aim to corroborate this opinion, and, to this end, to develope several points of view which we have more particularly observed. Before going farther, we should say that these remarks in no wise touch the principle of the law, which is the safeguard of society; but, as other things in the world, the law is progressive, and its modifications are manifest proofs of this. Let it only be remarked how the penal code at the present time differs from that of 1810, in which the death-penalty was, with a severity that would now be revolting, applied in thirty-six cases.

It was impossible that the erection in England of special asylums for the criminal insane should not awaken the attention of those who were already interested in medico-social questions. Struck with the importance of this institution, not only from the stand-point of moral psychology, but also from that of medical jurisprudence, we proceeded, in the year 1846, to England, for the purpose of learning the motives which had influenced so practical a nation as the English to build a special asylum, besides those splendid establishments with which they are already so bountifully provided.

One section of the hospital of Bethlehem had been for thirty years set apart for insane criminals. When

* Magnus Huss, Chronische alcoholismus, Stockholm and Leipzig, 1852.

we made our visit, it contained 97 persons; 77 men and 20 women. The offences of these 97 persons were thus classified:

High treason,	2
Crimes against person,	62
Crimes against property,	33
	97

Among these were thirty-three assassins, and fifteen infanticides, without counting those guilty of assaults, of arson, of theft. Spite of the defective arrangements of the premises, there was no disorder visible during our visit; a mere gesture of the superintendent kept every thing quiet.

The general forms of insanity were, exaltation, depression, feeble-mindedness. In the conversations we had with Dr. Morrison, the medical superintendent, he informed us that all those who had heen admitted to the asylum since his connection with it, had shown signs of mental derangement.

The subject of the criminal insane, which we had only touched upon, interested us so deeply, that we have endeavored to examine it thoroughly. Various proceedings before the Medico-Psychological Society, in which Falret, Dagonet, Morel, Billod, Lunier, &c.,* have given the results of their experience, appear to furnish us a favorable opportunity for stating our investigations with reference to the criminal insane of England, and to set forth at the same time our own views upon this important subject.

The origin of the institution is not a matter of doubt: it is owing to the respect the English have for the sovereign power, as it is to-day constituted in their country,

* Discussion sur les aliénés dangereux. Ann. Méd.-Psycholog., 1868 and 1869.

that these measures have been taken by Parliament, and sanctioned by public opinion. The following facts speak for themselves, and confirm the opinion we have advanced.

In the year 1786, Margaret Nicholson, under the pretext of presenting a petition to King George III, attempted to stab him. The king avoided the blow by stepping back. In 1790, John Frith threw a large stone at the king. Finally, in 1800, Hadfield fired a pistol at the king while in his box at Drury Lane.*

After a most careful examination by the privy-council and medical experts, all three were pronounced insane, and sent either to prison or to Bethlehem; but their attempts at murder had excited public attention in England.

The trial of Hadfield, noted for the famous plea of Lord Erskine, was the occasion of the different laws passed by Parliament concerning high treason, and the criminal insane. The members of the privy council maintained that the insane are irresponsible only when wholly devoid of memory and intelligence. Erskine declared that not one instance of such insanity ever existed. "In all the numerous cases," he says, "bearing upon insanity, which have come up for trial at Westminster, however complicated they may have been, these diseased persons have not only given proof of memory, as I conceive, shown a knowledge and most perfect remembrance of their mutual relations to each other, but they have also been remarkable in general

* Hadfield was induced to commit this crime by another lunatic, named Bannister Truelok, who imagined that the true Messiah was to be born of him, and to come into the world by his mouth. He was likewise confined at Bethlehem. It is worthy of remark that Hadfield had succeeded in escaping from the old Bedlam, and was retaken at Dover, as he was about to pass over into France.

for their subtlety and finesse. Their reasonings have rarely been faulty. Their disease consisted of delusions, all whose deductions drawn from their mental disorder, were based upon a firm belief in the reality of their unsound impressions."

It was not until the year 1816, that it was decided by Parliament that a special institution should be set apart for the criminal insane. The bill was carried into effect in 1816, by the construction of wings at Bedlam, to which were afterwards added two others. The metropolitan commissioners, on the subject of insanity, alive to the numerous inconveniences of this hospital, and insisted anew in 1844, that it should be replaced by another asylum more adapted to the purpose and to the number of patients. The new institution was opened in 1863, at Broadmoor, about forty miles from London. It had been preceded by the asylum at Dundrum, in Ireland, erected in 1850.

For the creation of these special asylums long discussions in the two houses had been necessary, and also examinations by experts of the three would-be assassins who had attempted the life of George III.; of David Davis, who had severely wounded Lord Palmerston; of MacNaughton, who had killed Drummond, Secretary of State, while intending to kill Sir Robert Peel, of Oxford, who had twice shot at Queen Victoria, and of others confined at Bethlehem.

These facts had been attended with another result of no less importance, and directly connected with the subject—that of calling the attention of medical men and jurists to the insane in the prisons and before the courts. Accused persons suspected of insanity were examined with more care, and it was proved with regard to a considerable number of them.

How could it have been otherwise, when we consider

their surroundings? The issue, generally, of many generations of criminals, of lunatics, of imbeciles, of drunkards, of debauchees, of paupers, these pariahs of civilization came into the world having before them nothing but the spectacle of vice, of bad examples, of promiscuousness of the sexes, without any moral or religious knowledge to counterbalance their deplorable tendencies. Last of all, in the discussion before the Medico-Psychological Society, there were reported to be from ten to fifteen thousand children in the colonies, the penitentiaries, and prisons. If judicial reports were available in reference to them as to the adults, we are certain that they would reproduce the genealogies as above.

Dr. Hood narrates the following anecdote regarding hereditary propensities, taking it from a work entitled "Old Bailey experience."

Obs. 1.—A gentleman recently returned from New South Wales, told me that he was one day in a factory, where the convicts are kept until an engagement is made for them with some master, when a gentleman entered the establishment. Perceiving a young man who he thought would do for him, he asked him "what he was?" "A thief from London," he replied, touching his hat. What can you do? Steal, sir. I don't doubt that, responded the interrogator, but what have you been taught? To steal, was the response of the young man. What was your father? A thief. The gentleman on further inquiry learned that he had five brothers, and five sisters, all of whom were thieves.*

Let us now take a brief survey of the results at which some of the physicians and jurists have arrived, who have occupied themselves with the question of the convict insane.

[The next two cases are omitted in this translation for the reason given at the head of this article.]

*Ouv. cit., p. 34; W. Chas. Hood, M. D., suggestions for the future Providence of Criminal lunacy, p. 78, London, 1854. See also the "Traité de l'hérédité naturelle," by Dr. Lucas, which contains very curious facts concerning the hereditary transmission of crime.

At one of the last sessions of the Medico-Psychological Society, M. Morel gave an account of the trial of Count Chorinski, who had poisoned his wife. Called by the defence, he had declared before the court at Munich, that the count was of unsound mind, and that he would soon give incontestable proofs of it. We have since learned from the German prisons that the count has had so furious an attack of madness that he has been put in a strait-jacket, and was to be taken to an asylum.

Case iv.—The *Gazette de Tribunaux* of Dec. 25th, 1858, contained a statement that a young man of twenty-two years of age, who had set fire fourteen times within a few days, and had caused the destruction of property to the amount of 200,000 francs, had been condemned to death. He gave as reasons for these crimes that he was tormented with reproach for having stolen five francs from his mother, and by the thought of having injured an innocent man whom he had falsely accused of the theft. It turned out that he once tried to hang himself, because he had seen a man commit suicide by this means, and it was, besides, proved that his mother had been insane.

This reference to the criminal insane was necessary in order to show the close connection between insanity and crime, when the latter has been bequeathed by heredity, or drunkenness, and strengthened from early years by the influences of destitution, the contagion of vice, abandonment by one's parents, &c.

Has society nothing with which to reproach itself, when it applies to these degenerates, thus placed in fatal conditions of physical and moral inferiority, the same corporal and ignominious punishments as to the real criminal!

Many a time, when sitting in court as a juror, in cases of accused persons whose culpable acts were not explicable by ordinary motives, and occasioned doubts in the minds of the jury, we have set before our colleagues

the ideas of the English concerning the criminal insane. They would almost always answer us that, if a similar institution existed in France, they would send thither persons in this category; but, they would add, these are people dangerous to the public safety; it is necessary to prevent them from doing harm; the prison is the only means possible; we will only lower the penalty.

The facts presented by us which we have taken from the history of this question in England leave no doubt upon the causes of the creation of a central asylum; but they were not the sole ones, and in proportion as these so-called criminals were better studied, their diseased state became more and more evident; their antecedents, their motives, almost always imaginary, false, puerile, absurd, the strangeness and the cruelty of the offences with which they were charged, the fantastic kind of explanation which they gave, their delusions, the dangers society incurred from them, dissipated all doubts. Lords Shaftesbury, Derby, and others, had declared in 1852, that nothing was more injurious than to put together the criminal insane and ordinary criminals. The realization of this system was not effected without a contest. But the great majority, both in and out of Parliament, pronounced in its favor: the public safety, the shameful stigma brought by the old system upon honest families, the injustice done by intermingling these two classes of the insane, and, finally, the legal difficulties in the way of properly disposing of insane criminals constituted effectual arguments.

We cannot but approve of these arguments, which have the same force for us as for those who defended and adopted them in England; it seems needful, however, to discuss the criticisms of the opponents of the criminal insane and of special asylums for their use.

One of the first is the want of logic in the denom-

ination of the criminal insane. A lunatic, said M. Falret, from the time that he is recognized as such, is no longer a criminal, but a *sick person.* The English physicians had already met this objection. The word *criminal,* observes Dr. Hood, is independent of responsibility or irresponsibility; it means only that the individual has committed an act which society justly considers a crime. Murder and arson, whether perpetrated by a lunatic or by a responsible person, are none the less crimes. "*Res non verba quæso,*" adds Hood.

We will not dwell upon this objection; we too have employed the word dangerous, as well as M. Falret. But in the use of this term one difficulty still presents itself; and our colleague asks by what signs it is to be recognized that a lunatic is dangerous? Are not sick persons sent to asylums, who have committed no criminal act, and yet are dangerous, while others who have committed murder or theft under the influence of temporary excitation, or of an hallucination, are no sooner in the institution than they appear calm and manifest no depraved tendencies? It is therefore argued that these special establishments are not really needed, and the less as their place can be easily supplied by particular sections connected with ordinary asylums, and even with prisons. It is finally objected, that to remove these central asylums to a distance from the great majority of the poor, who furnish the principal quota of inmates, would only weaken and break family ties, by obliging relatives of the patients to make long voyages at great expense.

But is the picture that is drawn of the readiness of the dangerous insane to adapt themselves to the discipline of asylums, of the disappearance of their perverse instincts, and of their small number a true one? What is the teaching of experience? Very many of these diseased persons have a tendency to repeat their criminal

acts. Thus Hadfield, before his attempt upon the life of George III, had tried to kill his wife and child; and some years after, he killed a lunatic in the old Bedlam, where he was confined.

The lunatic mentioned by Pinel,* who was confined at Bicêtre, for having killed his two young children, and also a fellow-prisoner during his trial, after an interval of fourteen years, during which he had appeared perfectly calm, cut the throats of two other lunatics. The attorney-general, who sustained before Parliament in 1800, the bills concerning high treason and the criminal insane, even then remarked that many of this class, guilty of these crimes, and confined therefor, having been set at liberty before the presentation of these laws, had added to their list of victims.†

These repetitions need occasion no surprise, when we remember the frequency of relapses into insanity, which Thurnham estimates at fifty out of every hundred;‡ but there are other facts upon which too great stress cannot be laid, namely, that the sick included in this category, independently of physical and moral heredity, and, consequently, of the pernicious propensities with which they are born, have, as others who are partially insane, the power of reasoning, notions of right and wrong, of justice and injustice, know how to discriminate, can form plans, and, indeed, have many points of resemblance with other men, from whom they differ only by an invincible belief in their delusions, which they can neither correctly appreciate, nor control, or against which their will is powerless.

* Pinel, Traité médico-philosophique sur l'aliénation mentale, 2d edit. Paris, 1809, p. 119.

† Hood, ouv. cit., p. 2.

‡ J. Thurnham, Observations and Essays on the statistics of Insanity, 119–123, London. 1845.

From this point of view the necessity of sequestering the dangerous insane in a special institution cannot admit of doubt. Their number is another reason, for they formed in 1852, according to Dr. Hood, a total of 439 in the asylums reserved for them, without counting 85 confined in prisons and in county asylums. They now number more than 700, according to a report of Dr. Guy. Although all these were not equally dangerous, there still would be only two modes of disposing of them, either to set apart particular sections in the ordinary asylums, or to establish one or two central asylums. The objection of the expense of a central asylum would be more than met by the safety to society by their isolation, and by the gain in tranquility to other asylums by their removal.

Another important objection brought forward by the adversaries of central asylums for dangerous lunatics, is the difficulty of establishing the characteristics which furnish the ground of separating the insane from the criminal.

Besides the means we have already alluded to we believe other means of information may be obtained.

Convinced as we are of the preëminence of clinics, we have thought from the beginning of our studies, that psychological characteristics were puissant assistants in attaining a knowledge of the question. Hood, in his "*Suggestions*," has the following passage:

> The criminal insane are more difficult to manage than others, because they are more irritable, and are more subject to agitation. They are conscious of their offences, and as they are under the impression that they shall never recover their liberty, their habitual dispositions result in sadness and discontent. They have the notion, too, that they form a distinct class among their fellow-criminals. This circumstance establishes a sort of fraternity among them: they are constantly in communication with each other, and are led by curiosity to inform themselves of the particulars in case

of each new arrival. They are soon posted as to the history of each one, and this often leads to quarrels and recriminations. These moral dispositions give to the insane of this class a physiognomy which presents a marked contrast with that of the ordinary patients of asylums; and their own remarks confirm the disordered state of their minds.

We will cite but one example. Speaking of Hadfield, who died in 1841, at Bethlehem, Hood relates that he was often morose and gloomy; abandoning himself at times, to transports of passion, and to sudden impulses. When he spoke of his attempt at murder, which he remembered perfectly, he praised highly his advocate, Lord Erskine, but he manifested in his recital of the details of the act, a satisfaction not consistent with soundness of mind. For instance, he was wont to tell a story about a young woman, against whom he was pushed by the crowd on entering Drury Lane Theatre. "Sir, she cried, you hurt my bosom with the handle of your umbrella." What she called the handle of my umbrella, said Hadfield with a laugh, was the muzzle of my pistol.

Grieslain declares that according to his experience, a skilled physician, especially when he can observe for a considerable time the individual accused, can finally distinguish whether his condition be sound or morbid. If the latter be the case, he suggests as evidence the weakening of the faculty of self-examination; impossibility of comprehending his situation, and marked tendency to tergiversation. In acts and words, falsity of judgment appears: there are disordered fancies, impulses, singular freaks of the will, strange propensities, in fine a noticeable degeneracy of the intellectual and moral faculties.*

These reflections of Grieslain suggest to us the follow-

*A. Brierre de Boismont, *Esquisses de médecine mentale. Joseph Grieslain, sa vie et ses écrits*, p. 38.

ing deductions: If this survey, which embraces not only the present, but also the past life of the accused, demonstrates that there exist mental disorders, it also often leaves the conviction that the faculty of reasoning is not extinguished, that it may even be exercised with energy. But we must not in such a case forget the indelible blot of insanity. What imports it that this sick man has discernment, may have recourse to ruse, as Hadfield, who succeeded in escaping from the old Bedlam, that he knows how to dissimulate, to lie, if he can no more strive successfully against his evil thoughts than he can by the effort of his will prevent his arm from contracting, because it is agitated by convulsive movements? When this struggle is possible, which no physician denies, it takes place under conditions of physical and moral inferiority, which forbid the comparison of the individual, whose development has been thus checked, with one who enjoys health of mind; to apply then to the first the same punishments as to the second, would be an act of injustice. There may be in this case a partial responsibility, but good sense and conscience oppose that on this account he should be assigned to the prison for the criminal. These facts are beginning to gain acceptance among enlightened men; and it is not rare in jury discussions to see the main charge and aggravating accessory circumstances set aside, and the stress laid upon only collateral questions stated by the court in anticipation of the influence of these discussions. This tenderness is a new conquest for humanity, but there is still further progress to be made, namely, to send these sad victims of perverted reason to special institutions, as they do in England.

M. Prosper Despine* has tried to supply the want

*P. Despine, *Physiologie naturelle. Études sur les facultés intellectuelles et morales, dans leur état normal et dans leurs manifestations anomales.* Paris, 1868.

felt in respect to psychological characteristics. He has devoted one of his three volumes to the examination of criminals whom he considers as sick persons. Already had Mr. Sampson, in England, adopting the views of the author of the "Vestiges of the Natural History of the Creation," attributed criminal acts to a morbid condition of the cerebral organization. His fundamental proposition is that every manifestation of mind depends upon the health of its material instrument, the brain.* Hurlbut, an eminent counsellor, and one of the judges of the supreme court of the State of New York,† has maintained the same principles. Such a doctrine, exclaims Dr. Hood, would make assassination and theft matters of fatality, would result in doing away with the police, and in closing the criminal courts. We are of opinion that a strict analysis of the identity in its nature of crime, puts the question where it should be.

Despine takes for his point of departure exclusively the lesion of the *psychological* functions; he combats the belief that the culpable act is a product of free-will. According to him, great crimes are due solely to certain mental conditions, incompatible with the existence of reason, of moral liberty sufficient for the conscience to act freely, and without which they would not manifest themselves. These conditions are *moral insensibility* and *perversity, alteration of the freedom of the will, imprudence* and *improvidence.*

The union of these five conditions, which constitutes the mental state of criminals, is what Despine calls moral insanity, and not a physical malady.

* B. Sampson, *Rationale of crime*, being a treatise on criminal jurisprudence, considered in relation to cerebral organization. Edited by E. W. Farnham. New York, 1846. Appendix, p. 142.

† Hurlbut, *Essais sur les droits de l'homme et les garanties politiques.*

It has been remarked by M. Legrande du Saulle, that proofs are wanting to support this doctrine; almost all the cases observed, in place of being collected from the clinic of prisons, are taken from law journals and political papers.

We are far from wishing not to take into account the charge, the depositions of the accused and of the witnesses; these are valuable documents, but in order to speak of the character of the insane and the criminal, it is necessary to have lived with them, and to have observed them for a long time upon the spot.

M. Despine regards these five conditions as so fundamental that he deems it useless to take account of anatomical lesions, which, besides, are not found in insanity. He attaches only a secondary importance to the form of the mental disorder. Thus in his observations upon the parricide, Riviére, who presented symptoms of melancholia, he says that union of the psychological facts, which he ascertained in the patient, sufficed to prove the existence of moral insanity.

The doctrine of the author is too general not to raise numerous objections. It lacks for us the indispensable condition,—personal observation; it deserves, however, serious discussion by reason of the importance of the questions connected with it, and the psychological side which characterizes it. Thinkers, without practical facts, may be misled; they open, however, new horizons, and the five characteristics of Despine should be considered.

Not to prolong this article, we will only give in a few words some of our experience on this point. We have had occasion to examine ten insane, five of whom had committed, and the other five attempted to commit, murder. In all of them appeared all the characteristics of melancholic insanity; they were morose, taci-

turn, lived apart, were easily irritated, had a restless, suspicious aspect, inspiring distrust. When questioned about their criminal act, some appeared to have forgotten it, spoke only in a confused, evasive way, were ill at ease, hesitated to answer, said they did not know why they had acted so, that they had no reason for wishing their victims ill, &c.; others, and these generally thought themselves persecuted, beset by enemies, and pursued, were embittered, and had no regret for what they had done, and declared boldly that they would kill all the authors of their torments. One of them, brother of a magistrate high in office, when solicited by him to become a member of his family, many years after the event had transpired, answered: "I do not wish to come out, I am tranquil in this house, and I feel that I should do over again what I have done." This afflicted one, though very eccentric in his acts, talked very reasonably, and came every day into the parlor to visit the ladies.

Many of these patients had illusions and hallucinations of sight and of hearing; some talked very sensibly on subjects not connected with their delirious conceptions, and had the notion of justice and injustice, of right and wrong. There could nevertheless be no doubt as to their mental derangement, and the dangers society would have incurred had they been set at liberty before a complete cure.

In the course of a long practice, and while collecting the materials of this work, we have met classes of individuals, presenting close affinities with the dangerous insane. We will instance two of them. Most of those with whom we had been up to that time occupied, belonged to the poorer classes. They were generally the offspring of the *alcoholized*, of criminals, of lunatics, of debauchees, who had seen nothing in their lives but

vice, and without any moral or religious instruction to modify their baleful tendencies. Those of whom we are now to speak are not of this class.

We have had repeatedly to verify the painful fact that children brought up by worthy parents, have, from their earliest years, shown utter want of the moral sense. Family education, instruction in secular and religious schools, severity tempered by kindness, admonitions of every kind, nothing whatever has had a restraining power over their defective natures. We have heard one of these unfortunates, at the age of fifteen, assert that he had never comprehended *what was called morality.* He gave only too full proof of the truth of his assertion by his low tastes, by his bad conduct, and by the choice he made of a wretched and shameful life, when he might easily have attained consideration and a high position. How can we avoid, in such instances, thinking of the *irresistible impulses* of the insane?

An aged magistrate, in a case of this kind, made an observation which shows the power which experience has over the judgment. "What we should look at in this matter," said he, "is the mental condition of this young man, for to account for his having pursued such a course of life, when an honest course was so easy for him, and the results so certain, we must admit some mental derangement."

When such a moral outlaw becomes guilty of some wrong act, would the voice of conscience mistake, if it should say to the judges: "Do not put him in prison, but send him to a special asylum, such as the English have devoted to the insane of this description?" Perhaps the bugbear of moral insanity will be objected, which we intend presently to examine; just now we will only answer that our observations do not seem to us liable to the reproach that they allege merely per-

versity, or the influence of bad examples, so long as we find there the elements of insanity, or at least of nervous affection. One of the brothers of the young man last referred to, had often complained of hallucinations of sight and hearing, and had once attempted suicide. There were instances of unsound mind in the family on the mother's side.

The other category is that of those sombre and bloody fanatics, who, for the sake of carrying out those Utopias which are never realized, for to Cæsar succeeds Octavius, recoil before no crime, however heinous. Resorting to cowardly ambuscade, and almost always taking to flight after the guilty act, they do not hesitate to sacrifice the lives of a hundred innocent persons, if by so doing they can put out of the way the one whom they regard as an obstacle to their projects.

We have by no means the thought of making of these assassins, or of all vicious beings, as many lunatics: many of them are amenable exclusively to human justice, but there are among them others also, who are *dangerous sick persons*, and this opinion is not a paradox.

Ravaillac perceived odors of sulphur and fire exhaling from his feet; he had seen the host rise in the air, and place itself on each side of him; and he had once seen a head of More upon a statue.*

Historical documents prove that Jacques Clement† must be classed among the hallucinatory insane, as also Damien, who attributed his attempt to murder Louis XV. to his having neglected to be bled.

The young German also who designed to stab Napoleon I, at Schœnbrun, had visions: he saw the genius of Germany, who charged him to deliver his country.

* Bazin, *Histoire de la Fronde.*

† Pierre de L'Estoile, *Journal de Henri III;* see also *Histoire des Hallucinations*, 3d edit., p. 606.

The three would-be-assassins of George III. were really insane, as Bucknill and Hood have established.

We will cite one more instance, that of the assassin of the illustrious President Lincoln.

Case v.—His name was Junius Brutus Booth,* and he had acquired great reputation in the United States as an actor. When we read the account given of him, no doubt can remain as to his fantastic behaviour, his eccentricities, and his mental derangement. The two following anecdotes are conclusive proofs. On one occasion, while on a voyage in the ship Neptune, he seemed much depressed, and spoke frequently of Conway, an actor, who committed suicide by jumping into the sea. When the vessel neared the spot where the unfortunate man perished, Booth, moved no doubt by some delusion or hallucination, rushed from the cabin, saying he had a message for Conway, and jumped into the sea. He was immediately rescued, but gave no explanation of his mad act. On another occasion, when he was expected to appear before a crowded audience at the Park Theatre, the time for the curtain to rise came, and he was no where to be found. Messengers were sent in all directions, and he was finally discovered at a fire in an adjoining street, working with all his strength at an engine. Upon being asked what he was doing there, he replied, with the most childish *naiveté*, that he was helping to save the property of unfortunate people.†

The two categories we have just reviewed relate to the dangerous insane. In one of them it is difficult to recognize the signs of nervous or mental affection. Those of which we are now to speak belong to this division. We are yet of opinion that a prolonged study of the physical and psychical characteristics, and an examination into their antecedents will succeed in discovering, in most cases, the pathologic element; this is also the opinion of the celebrated Griesinger.‡ It is besides, to

* [The distinguished Frenchman has here fallen into an error, which Americans will readily correct. It was not Junius Brutus Booth, but his son, J. Wilkes Booth, who assassinated our ever-to-be-lamented President, Abraham Lincoln.—Translator.]

† Kellogg, *American Journal of Insanity*, New York, April, 1868.

‡ Griesinger, *Discours pour l'ouverture des cours de psychiâtrie.* (*Archives de la psychiâtrie et des maladies nerveuses.* Berlin, 1868.)

be remarked that the hallucinatory state was only admitted after ages, and that epilepsy *larvée* is of recent origin.

Recent times have been marked by a series of crimes, seemingly remote from the causes to which they are usually assigned. Regarded by the public as strange, and affirmed to be mysterious, their mystery, unable to be solved by the courts, their perpetrators have been declared by some jurists lunatics, who were only to be cured at the place of public execution. They forget these noble words of the celebrated Blackstone: "The execution of a lunatic can only be a pitiable sight, attended with detriment to the law, and the result of extreme inhumanity and cruelty, and which, moreover, can be of no service as an example to others."

How, indeed, call a crime, in the real meaning of the word, the act of the nurse at Genoa, who poisoned nine patients under her charge, without any interested motives, from no desire of vengeance, and being on perfectly good terms with them? She justified herself by saying that she was experimenting in order to cure the sick who were constantly dying in the hands of the physicians.*

Must we not range in the same category the youth of twenty years of age, to whom we have referred above, who set fire fourteen times during the past year, causing loss by fire to the amount of 200,000 francs, who gave as his reason that he had yielded to a sudden idea, through remorse for having stolen a five franc piece and then having accused falsely an innocent person? When sentenced to death, he tried to hang himself, after having seen a man who had committed suicide by this means. His mother, near the time of his birth, had an attack of insanity. To this list we must add the stu-

* *Gazette des tribunaux*, 1st September, 1868.

dent J——, who, for the most trifling motives, set fire to the seminary, and killed one of his fellow-students to whom he was passionately attached. This convict, who had become a felon in a few seconds, questioned in prison by a writer concerning the cause of the outrage, answered in a natural tone, as though he was analyzing what some one else had done: "'Twas the FIRE which made me lose my head. When I saw the flame and smoke, I was no longer master of myself. I ran to my friend's bed and cut his throat. If the match had only not lighted, and the paper not caught fire, nothing of all this would have happened, and instead of being now a convict, I should spend my life as an honest man. Still, why should I rebel against my lot? I have done wrong, and ought to be punished for it, I know."

What is the conclusion from these different facts? That in the opinion of all enlightened men, there are very dangerous insane persons, and that the number is more considerable than is supposed.

Still it is incontestable that all the culpable acts committed by the insane who are called criminals, are not to be comprised in a single category. Many of them are guilty only of venial offences arising from errors of judgment. But even among these are found insane persons, who, by reason of their propensities and bad conduct, should be isolated from ordinary sick patients; such are those whose every word is a falsehood, a calumny, a slander, who steal, get up plots, turn the heads of their companions, excite them to injure themselves and others, write anonymous and threatening letters, abandon themselves to sensual excesses, provoke those around them, accuse persons of having dishonored them, and sow everywhere trouble and disorder.

These vicious, unhealthy organizations often reason very well, have at times neither delirious conceptions,

nor hallucinations, nor illusions; but their acts and words taken at random, prove their mental derangement. But to know them we must have them under our eyes; prolonged daily observation, which we here unceasingly recommend, can alone unmask them: we have already recorded some remarkable instances:* we will add the three following cases observed by us.

Case VI.—Miss Louisa, 18 years of age, has always been ungovernable; suddenly, when it was least to be expected, she escaped from home, disappeared, and did not return for some days, no one knowing where she had gone or what she had done. It was impossible to accustom her to any rules, to any work. She was always committing larcenies, usually without any benefit to herself, and only for the purpose of troubling those from whom she stole. Her acts, often inexplicable, her fits of passion instantaneous, and of extreme violence, were judged to be occasioned by insanity. Placed in two institutions in succession, she became the terror of all the inmates. She would steal from the patients whatever they most valued, and then either deny the theft, or avow that it was on purpose to pester them. If she thought herself observed, she would go off into frightful fits of anger, roll over on the floor, give utterance to the most grossly insulting language, making use of such expressions that it was necessary to put her in close confinement. One patient's mother, on hearing her for the first time, immediately took away her daughter. When her fit of temper was over, she talked reasonably. Miss Louisa had no notion of morality or religion, and all were agreed that as soon as she was set at liberty she would become a ruined woman.

Case VII.—Madame Delphine, 25 years of age, wife of a famous professor, sat at the window the day after her marriage, and called out to men in the street to come up stairs. She would go out every moment with the idea of giving herself up to debauch. When her husband expostulated with her, she threatened, in the transports of her insatiate rage, to kill him, and then broke everything within her reach. Shut up in a convent for penitents, she sought to pervert her companions and to urge them to rebel. The physician of the establishment thought that she was insane, and

* Brierre de Boismont, *De la responsabilité légale des aliénés.* (*Ann. d'hyg. et de méd. lég.* Paris, 1863, 2d series, t. XX, p. 327.)

induced her husband to treat her so. She herself agreed that at times her head was turned, and that she did not know what she was doing. Not able to explain her course by any criminal conduct, her friends consulted another physician, who declared it an evident case of insanity. Having been placed in our establishment, we were able to observe her for four years. The daughter of a convict, without education, or any notions of right and wrong, she sought only to satisfy her animal instincts; she was, therefore, under constant surveillance. False, mischievous, and deceitful, she invented slanders which caused trouble in the house. Her evident feebleness of mind made her unable to strive against her evil instinct, or provide regularly for her own wants. Here was the criterion of her conduct, the full importance of which daily observation only could reveal. The discipline of the house produced its usual effect upon this woman. She became submissive, no longer subjected herself to censure for reprehensible conduct, and claimed to be set at liberty. To insist upon her confinement would have caused us embarrassment; we recommended her husband to take her away. After her departure from the institution, she escaped from the house where her husband had placed her, wandered about, leading a disorderly life, following the most menial occupations. Then began an attack upon asylums and their physicians. One of those wretched attorneys of bad repute, with whom Paris swarms, listened to this woman's story, and thought to scent a chance of blackmailing. By his advice she summoned us before a court, eight days after she had left our institution, on a charge of arbitrary detention. It was easy for us to prove the shallowness of the accusation. When she, in her turn, was questioned, she could not find a plausible argument; she could only murmur a few words; this was all we expected from her limited capacity.

Case viii.—The third case observed touches upon a delicate subject, for we are here concerned with persons desperately bent on the pursuit of sexual pleasures, who plunge with such frenzy into this course of life, where certain dishonor and crime await them, that they neither will nor can listen to any counsel nor regard any menace. The world sees them fall, turns a moment, and condemns them: but the physician conversant with insanity, who has observed many of this class, entertains doubts as to their mental soundness, and asks himself whether restraint would not have been better for them than this unlimited liberty, which has led to the loss of their reputation, and to long years of misery and brutalization?

Madame Zelia, 23 years of age, was a privileged character. By her beauty, her wit, her various talents, she exercised an irresistible influence: she could converse readily in three languages. Yet she was a creature of the worst instincts, given up to the pleasures of sense. From her earliest years she showed herself a gourmand, was slovenly, deceitful, disorderly, lazy, excessively inclined to sexual pleasures. Her father said to us, "When she makes you the fairest promises, be sure she is planning the vilest plots." Married early, she led a most adventurous life. She turned up in America among the border-ruffians; with confident air, and full of courage, revolver in hand, she shunned no danger, braved the cholera and earthquakes, passed over frightful abysses, figured in the wildest scenes enacted in Western gambling-hells. The families that received her, counted but victims: fathers, sons, sons-in-law were allured by her.

Wearied with this life of perils and excesses, she came home to her parents in France sick, and a prey to extreme nervous excitement. A skilled practitioner of her native town noted symptoms so pronounced of hysteria and nymphomania, that her father concluded to place her in a hospital; when abroad, she had already had one attack of insanity. During her stay at the hospital we witnessed frequent nervous crises, during which her pulse ran very low, she became suddenly pallid, her features changed noticeably; demi-syncopes ensued; but this without loss of understanding. After these crises she was alternately exalted and depressed, manifested disgust with life, tendencies to self-destruction, and was said to have made one attempt at suicide. As there were signs of derangement of the side of the uterus. We engaged our friend Dr. Forguet, to examine her. He found chronic metritis, an anteflexion, red spots and punctures upon the neck of the organ, an abundant flow of "whites," an intertrigo, and prescribed a treatment which was attended with good results. In the institution where this woman was placed, was also a foreigner, who received numerous visits from his countrymen; in a brief time all of them, and they were men of a high class, were completely charmed by her. The charm she exercised upon them is a new proof of the power that certain persons have upon all who are around them: it is probably in their looks, their movements, their gestures, their words, their nervous *influx;* but IT IS! Who does not remember the example of St. Bernard, preaching the crusade to the Germans in a language which they did not understand, and inducing them to take the cross by thousands.

There was this fascination about Madame Zelia, but fortunately she had no tenacity of disposition; such was her mobility and impressionality that she could not follow any plan. Had it not been for these defects, she would have been the cause of still greater misfortunes, for she knew how to wear all masks, and play all rôles. Treated with consideration, but under constant surveillance, and warned that, on the first offence, she would be sent away, she remained in the institution six months; but the responsibility became too painful, and we begged her father to withdraw her.

By all those who have not observed such characters in our asylums, Madame Z. would be considered one of those pests to families, who under the ancient regime would have been imprisoned by virtue of lettres de cachet. The happiness of this woman consisted in destroying that of others. Her language and manners were as deceitful as her actions were detestable; she was cunning incarnate, vice impersonated, diabolic in her spitefulness; yet, withal, she had outbursts of generosity. She is one of those examples which prove that persons in authority should not receive without proofs the complaints, the falsehoods, the accusations of unhappy beings. They are considered by the world as perverse natures. When they are carefully watched day by day, we notice the want of connection in their remarks, the irregularity and disorder of their actions, the improvidence of their conduct, the absence of reflection, of judgment, and of the moral sense; all of which things, separately, would be of little account, but when taken together and continuously, enable us to make up an opinion. We believe we are right in maintaining that there is something incomplete and, above all, unsound in these organizations; at war, as they are, with family, with society, and utterly unable to be of any use to themselves and others.

However reserved we may have been in our remarks upon these shades of dangerous insanity, we have pre-

sented, as moderately as possible, our ideas upon the difference in the nature of crime, of moral perversity, of vice in the unhealthy, of strange criminal attempts, when they have for foundation the degeneracy of the organization. We commend these grave subjects to the consideration of all thinkers, whose aim it is to ameliorate, not to punish, to preserve society, and not to condemn the really insane.

The individuals of these diverse categories, to whom the attention of psychologists and jurists seems not to have been sufficiently directed, range themselves, in our opinion, into the two sections with different degrees, which we have established for the dangerous insane. But doubts might be raised as to the mental condition of many among these, and as it might be thought that others are only beings perverted by their own faults, it is indispensable that all, without distinction, should be subjected to medico-legal examinations. These should be made by competent physicians for the insane, appointed by the courts. This would be the best means of protecting individual liberty, and of avoiding, as much as possible, errors.

The special wards of public asylums, and the central asylums thus placed under the surveillance of the law, the conscience of magistrates and of juries would be quieted, and the good name protected of many families who would then no more be obliged to count in their number criminals, but diseased persons. The setting at liberty of these insane as persons cured would be equally under the control of the law, which would decide after having called for a report from the physicians of the lums.

The difference of degrees which we have admitted in the criminal acts of the dangerous insane, is no less important for their classification; but before proposing

the method, which is based upon our researches, there is one observation to be made respecting the insane who are not, and those who are convicts. It is not to be concealed that individuals who have begun to serve out their term in prison and are then transferred to asylums, are an object of aversion to the ordinary inmates of these institutions, and a cause of complaint on the part of their relatives; we are, therefore, of the opinion that they should be subjected to a probationary stage, varying in place, according to their mental condition. In the central asylum itself, there must needs be separate quarters for those who differ wholly from the others by reason of their birth, education and mode of life.

Hood says that the criminal insane at Bedlam complained to him more than once of their being mixed with the insane who were ill brought up, whose talk and actions were a perfect torment to them. It is only equitable that the central asylum should be organized so that the convicts shall be separated from the insane who are only dangerous, and that different ranks should not be confounded, inasmuch as contact with the vulgar man can only aggravate the mental condition of the insane man who has enjoyed the advantages of education; for we must bear in mind that we are here concerned with the sick, not the criminal.

As a general rule, all the insane of these two categories should be submitted to medico-legal examination.

We would classify the two sections as follows:

I. *Special wards in ordinary asylums.*—The insane of the second degreee, whose evil instincts are not incorrigible, who are submissive to government, should be placed in these wards, for we do not admit of the prison in case of manifest insanity. The same in regard to the vagrant insane, whom it has often been our business to examine. Now sequestered as sick persons,

now imprisoned as criminals, examination of these cases has taught us that we had to do with lunatics or imbeciles, whose true place was in an asylum where they could have medical care, or be kept occupied. Here, too, we would have the insane who have been convicted of misdeameanors, but are susceptible of discipline.

II. *Special central asylum.*—Devoted solely:

1. To homicides, to incendiaries, to thieves, to those guilty of criminal indecencies, to all those who have pernicious tendencies, marked with the character of persistency.

2. To those insane on the subject of persecution, who have killed, and are constantly wishing to kill, some one whom they accuse of persecuting them.

3. To individuals guilty of strange or unusual crimes, whose acts cannot be explained on any theory of their rationality, as in the case of the female poisoner of Geneva, in 1864, with regard to which the procureur-general was constrained to say: "Her crime is a terrible one, but the cause of it is still mysterious." Their sequestration would protect society; it would be a sufficient punishment if they were criminal, but if they have acted in a moment of transient insanity, honorable families would, in this event, be saved from the stigma which attaches to conviction for crime, a prejudice likely to continue ineradicable.

4. The central ayslum would be suitable also for the insane whose cases require long observation, as the reasoning insane, when they have committed a crime.

5. To those feigning criminality.

6. To the sick, born with instincts of moral perversity, in spite of good family influences; to fanatics, who murder in order to realize their utopias, but whose conduct finds its explanation in insanity.

7. Finally, to the insane of the second degree, with vicious tendencies, which they are unable to restrain.

Let us not lose from view that these sick persons do not exceed altogether 700 out of 64,658 insane and idiots, according to English estimates from actual experience, and that the measure advocated is a guarantee of tranquility for all the ordinary asylums.

We think that we cannot conclude our work better than with these words from our communication to the Academy of Medicine, at its session of the 19th of last January.

Our task, gentlemen, or rather our feeble sketch is concluded: you are acquainted with the facts and the arguments upon which we rely to sustain our opinion; it is to-day more impregnable than in 1846, when we stated it for the first time.

If we were to appeal to authority, as we have always done, for we are a disciple of tradition, though ever inclining to the remarkable works characteristic of modern individuality, we would invoke in favor of the question which we have had the honor to propound for your consideration and that of the medico-psychological society, the testimony of the greatest man of our age. On being asked one day what should be done with the author of an anonymous book: "He should not be brought before the courts," he answered, "his place is at Charenton." *

Indeed, moral monstrosities, no less than physical, are only deviations from the natural order. The knowledge of the psychological laws restores them to their true place, which is more satisfying to the reason and more consoling to the conscience, than the prison, the galleys and the scaffold.

* A French Lunatic Asylum.—Translator.

[From the Edinburgh Medical Journal, November, 1870.]

MOLLITIES OSSIUM IN RELATION TO RIB-FRACTURE AMONG THE INSANE.

BY W. LAUDER LINDSAY, M. D., F. R. S. E.,
Physician to the Murray Royal Institute (for the Insane,) Perth.

I venture to offer the following cases, and the relative commentaries thereon, as a contribution towards a better knowledge of a subject that has lately attracted a good deal of attention, both public and professional, in England, in consequence of the animadversions of the press on various instances of *rib-fracture* among the inmates of its county lunatic asylums. The subject to which I refer includes, on the one hand, a consideration of that unnatural fragility of bones, which renders them liable to fracture from the most trivial causes; and on the other, the frequency of the rib-fracture, which cannot possibly be attributed to ill-usage by attendants.

I do not offer my remarks apologetically; for I believe that the animadversions above referred to are unwarranted either by evidence or legitimate inference —at least, in the majority of cases. Nor am I to be understood as affirming that fragility of the bony system is peculiar to the insane; though I believe it is much more common among them than is usually supposed. Whether it is as common as it is among the sane, or more so, remains to be proved. This is a subject that seems to me deserving of full and immediate inquiry. I have repeatedly stated* that I have never

* *Vide* "Illustrations of Pathology and Morbid Anatomy in the Insane," Journal of Mental Science, vol. xii. p. 522; and the following Reports of the Murray Royal Institution,—30th, pp. 15, 16; 32d, p. 15; and 38th, p. 15.

met with, nor heard of, any lesion among the insane that is to be considered *quite peculiar to them*, and in this sense to be regarded as diagnostic of the existence of insanity. It is wonderful, however, how persistent and ingenious are the efforts of alienists to make out an essential or specific difference between sanity and insanity, the sane and insane, as regards their pathology and morbid anatomy, in the face of incessant and egregious failures. The "thin partitions" that are supposed to separate them—that "do their bounds divide" between great wit and madness—are not real or perceptible,—not demonstrable or definable; and all efforts artificially to create specific distinctions where Nature has none, *must* end only in failure.

I do not necessarily connect fragility of the bones in the insane with the accidents that have of late years been made the subject of sensational, and, I believe, most ungenerous and unjust, outcry by the fourth estate. There *may* have been, in some cases, an essential connexion between osseous fragility and rib-fracture as cause and effect; but the effort to prove or disprove such a connexion in the cases referred to, is no part of my present object, which is simply—so far as regards,

I. *Mollities ossium* in the insane, to show that it sometimes exists in as marked a degree as among the sane; and as bearing on

II. *Rib-fracture* in the insane, to point out (*a.*) The frequency of self-injury. (*b.*) The very slight violence sometimes required for rib-fracture. (*c.*) The existence of serious or fatal surgical injury without external marks, or any relative symptoms. (*d.*) The importance of post-mortem examination in the detection of masked or unsuspected injury. (*e.*) The desirability of distinguishing from each other* injuries that are—1, acci-

* *Vide* 32d Report of the Murray Institution, p. 11.

dental; 2, self-inflicted; 3, the result of maltreatment by attendants. (*f.*) The injustice of attributing rib-fractures and similar injuries necessarily to attendants. (*g.*) The frequency of such injuries is a necessary consequence of the non-use of mechanical restraint. (*h.*) Those who are responsible for the frequency of such injuries are, therefore, those who have advocated the *non-restraint dogma.* (*i.*) There are *no* pathological lesions peculiar to insanity.

I. *Case of Mollities Ossium.*—The patient was an unmarried lady, aged 49, eminently nervous in temparament, of fine build of body, and of high delicacy of constitution, with a strumous tendency. For a long series of years, she had been the subject of chronic insanity. In the last seven years of her life, during which she was under my observation, her general health was fair, till she began to complain of aching pains in the bones, of a character supposed to be rheumatic. There gradually supervened a marked general debility, requiring rest in bed, to which she was confined for the remainder of her life—a very few weeks. While bed-ridden, boils appeared on different parts of the body; then acute tuberculosis suddenly showed itself, and rapidly proved fatal (in a fortnight.) A post-mortem examination was made, which revealed, besides infiltration of the lungs with miliary tubercle, and slight fatty degeneration of the kidneys, as well as other pathological lesions, the following condition of the *bones.* The walls of all bones were thin and soft, easily pierced by any steel or other hard instrument. The normal medullary (or cancellated) tissue was absent; the interior of the bones being occupied by a thickish fluid, which consisted apparently equally of blood and oil. Their surface was abnormally vascular and colored—usually a deep reddish-brown. The sternum was so

flexible, that it could be doubled on itself without much difficulty. The general condition of the whole bones of the system was that usually described as the earlier stage of *mollities ossium;* it was apparently essentially a hyperæmia, followed or accompanied by *fatty degeneration* of their whole texture and contents.

For some time prior to her decease, the *urine* had been highly *phosphatic*, but non-albuminous. It does not, however, follow that this apparent excessive excretion of phosphates stood directly related to the condition of the bones. For, on the one hand, as Neubauer and Vogel point out, mere *sediments* of earthy phosphates in the urine do not necessarily indicate *excess* of these salts —absolute excess being determinable only by quantitative analysis;* and, on the other, as I have elsewhere shown, phosphatic urine is common among the insane,† while there is no reason to regard *mollities ossium* as otherwise than rare (comparatively) among either sane or insane. According to some writers, the excretion of phosphates, as measured by the phosphatic character of the urine, bears a specific relation to certain forms or phases of mental disease (*e. g.*, mania;) but I long ago pointed out that this is a fallacy, and my experience has been confirmed (apparently) by the later researches of Dr. Addison, now of Larbert. He writes:—"The quantity of phosphoric acid excreted in states of mental excitement was *less* than after convalescence. . . . This perhaps is the most important fact elicited by the investigation, for a greater than the average excretion of the phosphates has come to be regarded as a pathog-

*"Guide to the Analysis of the Urine." Translated for the New Sydenham Society, 1863, p. 331.

†"On the Chemistry and Microscopy of the Urine in the Insane," Journal of Psychological Medicine, July, 1856, pp. 492, 496; and 30th Annual Report of the Murray Institution, p. 16.

nomic phenomenon of maniacal excitement." (P. 15.) . . . "I consider it sufficiently proved that the quantity of phosphoric acid excreted during the course of a maniacal attack, is *less* than that voided in an equal time after recovery." (P. 16.) . . . "I believe that the excretion of phosphoric acid is regulated more by the condition and weight of the *body* than by the action of the *brain*." (P. 27.)*

In the foregoing case (I.) there was no fracture of any of the affected bones; but it is obvious they were in a condition in which some very trivial cause might have caused fracture. Druitt tells us, in his admirable "Surgeon's Vade-Mecum," that in *mollities ossium* "from a fall or some other *slight injury*" the bones are liable to break; or that "bone after bone breaks from the *slightest cause*" (1851, p. 217.) Even in the earlier stages of the degeneration, and still more so in the later ones, slight stumbles in one's own bedroom—falls against the edges of beds, chairs, or tables during the night—or even ordinary, and still more so inordinate or unusual, muscular effort—may suffice to produce rib-fracture.

The morbid condition of the whole bony skeleton in this case was quite unsuspected during life; it was detected, and could only have been detected, by post-mortem examination. Such cases furnish one of many sorts of argument that might be adduced in favor of such examinations in *every* death of insanity.† I have elsewhere pointed out that autopsy frequently reveals the most unexpected pathological lesions of the most interesting kind—though not necessarily interesting as throwing light on, or essentially connected with, the *mental* or cerebral disease. Autopsy in the insane is,

* "On the Urine of the Insane." Reprint from the Brit. and For. Medico-Chirurgical Review, April, 1865.

† *Vide* 39th Report of the Murray Royal Institution, p. 13.

however, one of those subjects, on the other hand, regarding which it may prove that "ignorance is bliss," and "'tis folly to be wise;" for it, and it alone, may bring to light injuries or lesions, the origin or cause of which may become subject of judicial inquiry, newspaper outcry, and public condemnation! The frequency with which previously unsuspected rib-fracture is detected by post-mortem examination may be illustrated by the following:—

II. *Cases of Rib-Fracture detected only on Post-mortem Examination*, which occurred in the practice of Dr. Workman, of the Provincial Lunatic Asylum for Upper Canada, at Toronto—a gentleman who is distinguished among American alienists for the attention he devotes to morbid anatomy, as well as for the manly frankness with which he expresses his opinions.

A. A male, æt. 52, "of large size," suffering from general paralysis, his insanity characterized by "great restlessness and violence." During life he "neither admitted that he suffered any pain, nor gave any indication of so doing." Death arose apparently from "cerebral compression." At the post-mortem examination, attention was therefore directed mainly to the *brain*. "After I left the dead-room, believing I had seen *all* that the case afforded, my assistants proceeded to examine the rest of the body. . . . They were surprised to find pus diffused beneath the muscles on the left side" (of the thorax,) "and fractures of five ribs running in a vertical straight line a short distance from the junctions with the cartilaginous portions. No reunion had taken place. . . . There was no reason to doubt that the fractures of the ribs had taken place *before* the patient's arrival at the asylum. The rectilinear course of the fractures appeared to indicate that they had resulted from a *fall* forward on some hard, narrow

surface, such as the edge of a board or plank. The account given as to his violence and restlessness corroborated the supposition. This patient not only appeared perfectly free from pain or muscular impairment up to the period when symptoms of cerebral or cerebro-spinal compression showed themselves, . . . but he preached and shouted perpetually.*

B. A male, æt. 33, "furious and dangerous; . . . restless, noisy, and destructive" on admission, but subsequently became quiet and harmless. During life he complained of no pain, and had no cough. Immediate cause of death was, nevertheless, hydrothorax. Post-mortem examination revealed the fracture of seven ribs, the appearances proving that the fractures here also had occurred *prior to admission.*

In neither of these cases was any lesion of the *ribs* either diagnosed or suspected during life. "Neither of the two would have been known without post-mortem examination." These and similar cases also illustrate the fact that—

1. *Surgical injuries sometimes occur among the insane without external marks of violence;* † and that—

2. *Serious lesions frequently exist without relative symptoms during life.* ‡

None but those habitually engaged in the management of lunatics can be aware of the extent to which

* Report of the Provincial Lunatic Asylum, Toronto, for 1862, pp. 13–15. The same case is also reported in the American Journal of Insanity for April, 1862 (*vide* Journal of Mental Science, vol. viii. p. 585.) It is there stated, in addition, that the patient was "tall and powerful," and that the "fractures ranged in a straight line, as if all caused by one blow; or, most probably, by a fall on some hard-edged substance."

† *Vide* 34th Report of the Murray Institution, p. 33.

‡ *Vide* 31st Report, p. 13; and 34th Report, p. 36, of the Murray Institution.

accidental or self-inflicted injuries occur, or of the exceptional character of these injuries. They are exceptional in so far as it is (1) frequently difficult to understand how they *could* have been inflicted [I refer to cases in which ill-usage by attendants has been impossible;] and (2) in so far as serious lesions may be developed without the usual accompanying or proportionate physical indications or vital symptoms of any kind. Thus, I have known almost all the ribs of a young man's side broken without a single *outward* indication, or the exhibition of any kind of *symptom*. No complaint ever emanated from the patient; there was no bruise-mark, no lung-symptom, no indication of the slightest suffering from first to last. Nor was it ever discovered how the injury was inflicted. The fractures were detected accidentally by manual palpation. The patient was confined to bed for some days, his thorax tightly swathed in flannel merely as a precautionary measure; but no chest or other symptoms were ever developed, and the patient never could comprehend why he was confined to bed and swathed in flannel!

It is not surprising that, from ignorance of such facts, mere surgical experts, unacquainted with the peculiarities of injury or disease in the insane, should occasionally express, in courts of law, opinions that are calculated to do great injustice to the attendants of lunatic asylums. Dr. Workman is very severe, though not too severe, on certain recent exhibitions of this kind in London. Thus, he says, "It has been incontestably proved that lunatics afflicted with general paralysis, or with other forms of intense cerebral disease, may sustain severe and extensive osseous or other lesions, without manifesting the slightest perception of pain or impairment of muscular activity." Nevertheless, "in one of the English cases, ... two surgeons gave testi-

mony to the effect that no person having two or more fractured ribs *could* be free from pain or freely use the costal or other respiratory muscles! *Ne sutor ultra crepidam!* Before delivering opinions on any question relating to insanity, or to the insane, medical practitioners would do well to acquaint themselves with the subject on which they are to testify."* . . . . "Eminent medical gentlemen who have not spent their lives in the practical study of insanity, would act very prudently in abstaining from rash deliverances in all questions [relating to the malady] in which they find themselves in antagonism with those better qualified to give a correct opinion." Until the peculiarities of accident and disease among the insane are generally recognized, and until juries cease to be guided by the opinions of such experts, who are not qualified to give opinions of any real value, "how can we hope (as alienists) to protect ourselves from the fallacies of their testimony, whether before the tribunals of justice, or the more terrible ordeal of public judgment—a court whose revisions of error hardly ever come in time to reinstate its victims in the position of innocent, much less of meritorious, men?"† I quite agree with Dr. Workman as to the little value to be attached to the opinions, as applied to the insane, of surgeons in ordinary practice, who are unacquainted, by personal experience, with the peculiarities of surgical injuries in lunatics. Having myself had frequent occasion to hold consultations with surgical practitioners in cases presenting surgical difficulty in my own practice, I have found their opinions too often not only useless, but absurd; because the procedure or appliances that are proper in the case of a quiet sane patient, who coöperates with his surgeon

* Asylum Report, pp. 14, 15.

† Journal of Mental Science, vol. viii. pp. 582–584.

in the efforts made for his recovery, are not equally applicable—indeed, are sometimes singularly *in*applicable—in that of a violent, restless, destructive maniac, who applies all his strength, perseverance, and ingenuity to thwart the procedure intended for his benefit.

The two preceding classes of cases refer to the *non*-detection, during life, of rib-fracture, or of the osseous fragility on which such fracture may depend; but there is another interesting group of—

III. *Cases of Rib-fracture detected on admission into Lunatic Asylums*, in which the discovery of such injuries is due to the medical examination of entrant patients that is now generally made in lunatic asylums in all parts of the world. There are few asylum physicians of any experience who have not met with instructive cases of this kind,* and who are not quite alive to the policy of making such entrance examinations, in order to guard themselves or their subordinates against the accusations that are sure to be made in the event of the discovery of such injuries as rib-fracture *subsequent* to admission. Some instructive instances of rib-fracture so detected are given in the annual reports of the New York State Lunatic Asylum at Utica. Thus, Dr. Gray, who is physician-in-chief of the said asylum, as well as editor-in-chief of the AMERICAN JOURNAL OF INSANITY, reports, among the admissions of a single year, one case of fractured clavicle, one of fractured ribs and sternum, and one of fracture of the arm —all in acute mania. He adds the important particulars that, in no case, were these injuries produced by intentional violence; or, in other words, they were not attributable to mal-usage by attendants, but to accident or self-inflicted injury. In no case did the patient com-

* *Vide* 32d Report of the Murray Royal Institution, p. 10.

plain of pain or injury; the fact of bone-fracture existing at all being unsuspected either by patients or friends till the medical examination was made by the asylum physicians. "The person who had a fractured clavicle was very wild and boisterous, and moved his arm in every direction; complained of no pain, and challenged those about him to fight. The first day we were unable to bandage him; and, even after we succeeded in this, he tore off the bandages, and tore up his clothing and bedding; *notwithstanding which*, the bone united in the usual period, and without any unfavorable symptoms."*

In another year, he describes the following two cases: "One had, in jumping from a window at home, under delusions, fractured his sternum and clavicle, and driven down his neck into his chest, pushing out the upper portion of chest and vertebral column so as to shorten himself about two inches."† The other was a male, æt. 53, admitted in a state of high maniacal excitement (restless and noisy.) There were bruise-marks on the chest, and emphysema was radidly developed. Rib-fracture was suspected, but proper examination of the thorax was rendered impossible on account of his restlessness. He died from hydrothorax. The post-mortem examination proved the correctness of the diagnosis as to rib-fracture, there being five ribs broken on one side and four on the other; the sternum also being fractured.‡

Such cases as the foregoing show how unjust and absurd it is to ascribe all rib-fracture in the inmates of lunatic asylums to deliberate *violence by attendants*. I believe that as a body, asylum attendants lie under

* 20th Report (for 1862,) p. 15.

† 27th Report (for 1869,) p. 15.

‡ Utica Asylum Reports, 27th (for 1869,) p. 77.

most unmerited opprobrium for supposed brutality or roughness in the management of their charges—especially of such as are unusually troublesome by reason of filthy habits, insubordination, assault, destructiveness, mischief, or otherwise. Attendants would not be human, did they not occasionally lose their temper or self-command, and allow themselves to be irritated into acts that they very speedily regret, and for which they have frequently most inadequately to atone. But even in the exceptional cases in which faults of commission occur, far too little allowance is made for the provocations to which they are subjected. My own experience has led me, on the whole, to be equally surprised and gratified at the forbearance and kindliness they exhibit—a forbearance and self-control infinitely greater than that which is sometimes exhibited by their superiors in office, notwithstanding the professions by the latter—*usque ad nauseam* sometimes—that *their* rule of practice in dealing with lunatics is that combination of all the virtues embraced in the so-called "Law of Kindness!"

Rib-fracture may legitimately be regarded as one of the many fruits of the *non-use of mechanical restraint* in cases where it is really required. There can be no doubt that many, at least, of such cases, would never have occurred, had the "camisole" (*vulgo*, the old "straight-waistcoat") been timeously employed, or had any other efficient means been used to confine the arms, legs, or body.* Since, however, the Conollyan era in the history of Hanwell, it has been deemed culpable in this country to make use of this or other simple *mechanical* means of preventing self-injury or injury to others.† There is and there has long reigned in England, *a tyr-*

* *Vide* 37th Report of the Murray Institution, p. 12.

† *Vide* 39th Report (1865–8,) p. 15.

anny of public opinion on the subject of non-restraint in the treatment of the insane—a tyranny which, among other bad effects, prevents the superintendents of its asylums acting upon their individual judgment in individual cases as regards the imposition of mechanical restraint.* The substitution of *personal* for mechanical restraint—restraint by *attendants* instead of by mechanical appliances—has led to incessant personal struggles, during which it would have been strange had rib-fracture not occasionally occurred in common with other injuries of even a more serious character. The terrorism which is in England exerted on asylum authorities by the bugbear of public opinion, the anathemas of the fourth estate, and the censorship of the Board of Lunacy, is a very real one†—in the eyes especially of

* *Vide* Dr. Kellogg, of the New York State Asylum at Utica, in his Notes of a Visit to the Asylums of Europe: AMERICAN JOURNAL OF INSANITY for January, 1869.

† That it is real, is admitted by those of the English alienists themselves who are manly enough to speak out—on a subject on which I have found them more given to whisper with bated breath, as if it were treason even to breathe aspirations or opinions contrary to that worst of all tyrants or despots—public opinion! One English Asylum physician, writing me in 1869, says: "I quite agree with your remarks about the *terrorism* that the Lunacy Commissioners exercise in England. *All independence* is really extinct now in this department" (lunacy practice.) Another, writing still more recently (1870,) remarks: "In the present state of feeling on the subject of restraint and cruelty in asylums, one can scarcely be too much of a *coward* if he would avoid imputations, whose groundlessness is only equalled by their ridiculousness. . . . . On the head of what might be called the *restraint system* as applied to medical men" (engaged in lunacy practice) "see the correspondence between Dr. Sheppard and the Commissioners in Lunacy, and you will easily understand how difficult it is, when there is so much spurious sentiment abroad, to avail one's self of a useful means of treatment, or of the exercise of a little native discretion!"

strangers, who can contrast it with the manly independence that exists on the same subject, as regards both action and opinion, in America! England boasts of being (as regards the treatment of its insane) the country of non-restraint; but it will repudiate, I do not doubt, the addition, that it is equally entitled to the designation of the country of fractured ribs; and it will, I dare say, indignantly deny that there can be any proper connection between the non-use of mechanical contrivances against self-injury, or against the provocation of attendants beyond the bounds of their self-command, and the frequency of rib-fracture, in common with many minor or major injuries!

Nevertheless, I believe that, in relation to the causation of such injuries, we must regard, as the *real offenders*, not the poor defenceless attendants, who are at present saddled with the whole of the guilt: but the following categories of persons or institutions, viz.:

1. Such men as Conolly and Gardiner Hill, who have promulgated the absurd and mischievous dogma, that in *all* cases mechanical restraint is unnecessary and improper.*

2. All who have adopted this dogma of *non-restraint*, who have imbibed the extreme views of Conolly and Hill, constituting them their creed *quoad* the management of the insane; including especially—

(*a.*) The general public.

*"The *Entire* Abolition of Mechanical Restraint in the Treatment of the Insane," is the title of a volume published by Dr. Gardiner Hill, in 1857 (London,) which contains the following enunciation of his views: "Restraint is *never* necessary, *never* justifiable, and *always* injurious in *all* cases of lunacy whatever!" (p. 52.) Now Conolly professes to have followed Hill, and the school which Conolly may be said to have founded thus adopts as its creed a proposition, which is (to say the least of it) much too sweeping and dogmatic, as I hope elsewhere to be able to prove.

(*b.*) The general newspaper press, with certain exceptions.

(*c.*) A section, at least, of the medical press, such as the "Journal of Mental Science"* and the "Lancet."†

(*d.*) The Board of Lunacy.

I do not, however, further enter at present upon this delicate subject, having collected materials for a separate essay on "The Theory and Practice of Non-restraint in the Treatment of the Insane."‡

* The narrow views of the latter on this subject are in marked contrast to the more liberal and enlightened ideas of its predecessor and rival—the "Journal of Psychological Medicine," as edited by Dr. Forbes Winslow.

† In favorable contrast are the ideas of the "Medical Times and Gazette," as expressed (*e. g.*) in vol. ii. for 1868, p. 365; and in vol. i. for 1869, p. 254.

‡ Meanwhile my opinions regarding the *disuse of mechanical restraint*, and the *substitution* for it of *restraint by attendants*, may be found expressed in (1.) the 11th Report of the Board of Lunacy for Scotland, Appendix, pp. 70 and 272. (2.) The following Reports of the Murray Institution:—39th, p. 15; 37th, p. 12; 32d, p. 13. (3.) The following separate papers:—(*a.*) On "Temporary Insanity," Edin. Medical Journal, vol. xi. (1865,) p. 449. (*b.*) On "Typhomania," Edin. Medical Journal, vol. xiv. (1868,) p. 333.

BIBLIOGRAPHICAL.

REPORTS OF HOSPITALS FOR THE INSANE FOR 1869.

1. ALABAMA.—*Annual Report of the Alabama Insane Hospital.* 1869. Dr. PETER BRYCE.

At the close of last year there were 164 patients in the hospital. Admitted since, 87. Total, 251. Discharged recovered, 22. Removed by friends, 10. Eloped, 6. Died 22. Total 60. Remaining under treatment, 191.

Dr. Bryce accounts for the increased mortuary list, by the fact that the hospital suffered from a "severe type of pernicious malarial fever." As many as 60 cases were under treatment during the epidemic. The doctor commends the noble conduct of the attendants and employés of the house, during their trying and dangerous duties. None left the employment of the institution, though none could reasonably expect to escape an attack. The institution was begun before the war, and has remained in an unfinished state. Several new wards have been opened and furnished during the year, and considerable repairs and improvements are reported. A bakery, new barns, and other buildings for farm purposes have been erected. The grounds have been inclosed, shade and fruit trees planted, and such changes made as must add to the appearance and comforts of the hospital. The trustees report that the affairs of the asylum have been conducted with economy and success, and congratulate the public on their choice of a medical superintendent, who has given, in his conduct of affairs, the best proof of his ability and integrity.

2. CONNECTICUT.—*Fourth Annual Report of the General Hospital of the State of Connecticut*: 1869. Dr. A. M. SHEW.

At the close of the last year there were 209 patients in the hospital. Admitted since, 134. Total, 343. Discharged recovered, 43. Improved, 18. Unimproved, 27. Not insane, 2. Died, 21. Total, 111. Remaining under treatment, 232.

The institution is not completed in accordance with the original plan, and is much crippled in its opportunity for accomplishing the greatest amount of good, by the lack of accommodation for patients. Only a small proportion of the whole number of the insane in the State, can be received into the hospital; and the applications for the reception of patients so far exceed the capacity of the institution that there is a strong probability that many acute cases will become chronic, before they can be placed under treatment. We regret to see that Dr. Shew has placed himself on record as having so little confidence in the use of medicines in the treatment of insanity. "In this connection I ought perhaps to state a fact not sufficiently understood, that in the treatment of mental disorders little reliance is placed on the action of drugs." In his last report received by the Journal we find the announcement of the appointment of a special pathologist, and from this fact had thought the Doctor fully appreciated the importance of investigation into the pathology of disease, and of appropriate medical treatment. In this way only can we meet the demands of medical science, and make any real progress in our knowledge of insanity as a disease, and of the means to combat it successfully. The affairs of the institution seem to have been conducted with an economy and success creditable to the officers and the State.

3. Connecticut.—*Forty-fifth and forty-sixth Annual Reports of the Officers of the Retreat for the Insane at Hartford, Conn.:* 1869 *and* 1870. Dr. John S. Butler.

At the close of the last year there were 135 patients in the hospital. Admitted since, 87. Total, 258. Discharged recovered, 60. Much improved, 32. Improved, 36. Not improved, 95. Died, 17. Total, 240. Remaining under treatment, 135.

The report is mostly taken up by a description of the alterations and improvements to which the buildings have been subjected, and of an exposition of the relation which the institution has sustained to the State during the past thirty years, now terminated by the erection of a State hospital at Middletown. From this it appears that the State was largely benefited by the generous action of the trustees of the Retreat, in receiving such insane patients as were a public charge. The institution is now in a prosperous condition, and furnishes increased facilities for the comfort and care of its inmates.

4. District of Columbia.—*Annual Report of the Government Hospital for the Insane:* 1869. Dr. Charles H. Nichols.

At the close of the last year there were 329 patients in the hospital. Admitted since, 166. Total, 495. Discharged recovered, 72. Improved, 12. Unimproved, 9. Died, 33. Total, 126. Remaining under treatment, 369.

Dr. Nichols makes a brief report of improvements in the ornamentation of the pleasure grounds, and of large returns for expenditures in draining and fertilizing the farm. He describes, at some length, a new electro-magnetic watch-clock, which has recently been placed in the building, and upon which he relies "for insuring careful and constant watchfulness on the part of the night attendants and watchmen." The institution has

been put in telegraphic communication with the police and the fire departments of the city of Washington. For this reason greater security is felt, as immediate assistance can be obtained in case of fire, or disturbance of peace in the vicinity. This is an important consideration, where an institution is so far removed from the city. The hospital has been in all respects prosperous during the last year.

5. KENTUCKY.—*Annual Report of the Eastern Lunatic Asylum of Kentucky:* 1869. Dr. WILLIAM S. CHIPLEY.

At the close of the last year there were 320 patients in the hospital. Admitted since, 230. Total, 550. Discharged recovered, 61. Removed, 24. Eloped, 5. Died, 30. Total, 120. Remaining under treatment, 430. The institution can accommodate nearly 100 more patients, and not one has been denied admission.

The report this year is one of unusual interest, as Dr. Chipley has given a condensed history of the asylum from the time of its opening, now nearly one half-century ago. "The Kentucky Eastern Lunatic Asylum, and the Retreat at Hartford, Conn., were opened for the reception of patients about the same time, in 1824. With the exception of the asylum at Williamsburg, Va., which was established in 1773, these were the first independent hospitals for the relief of the insane, and this was the second State asylum founded in the United States. A department for the insane was opened in the Pennsylvania hospital as early as 1752."

On the first day of May, 1824, says Dr. Chipley, the first patient was admitted into this institution from the county of Woodford. I was present and witnessed this beginning of the practical operations of this great charity; and I have watched, with intense interest, every onward step it has made towards that more perfect organization which characterizes the highest order of similar institutions of the present day.

The first patient was one of the most pitiable and repulsive objects I ever saw. She was a mulatto, about twenty-one years old; had never been able to walk or talk; nor had she ever partaken of solid food. She had never been known by any other name than "Charity;" and she thus stands now at the head of our registry.

No better case could have been found to illustrate the design of the Commonwealth to penetrate to the lowest depths of human suffering; to raise up, cherish, and console—all, in the pure spirit of charity.

A statement of progress made in the medical and moral treatment of patients, of the various financial and other difficulties under which the institution has labored, and of the improvements and additions made to the buildings and the grounds of the asylum, complete this highly interesting report.

6. KENTUCKY.—*Annual Report of the Western Lunatic Asylum of Kentucky:* 1869. Dr. JAMES RODMAN.

At the close of last year there were 280 patients in the hospital. Admitted since, 81. Total, 361. Discharged recovered, 39. Improved, 5. Unimproved, 3. Eloped, 4. Died, 9. Total, 60. Remaining under treatment, 301.

The report is unusually brief, but contains a statement of the pressing demand of the institution for a chapel, for a library, and for increased means of amusement for the patients. Comment is made upon the embarrassment under which the asylum labors, because public officers persist in sending the epileptic, the lame, the blind, and idiotic, to the asylum established only for the insane. The Legislature is requested to pass a law by which the indigent insane may be cared for at the public expense, without being pauperized in being compelled to pay the whole or a part of the expense of their care and treatment.

7. KANSAS.—*Annual Report of the Kansas Insane Asylum:* 1869. Dr. C. O. GAUSE.

At the close of last year there were 10 patients in the hospital. Admitted since, 19. Total, 29. Discharged recovered, 22. Unimproved, 1. Died, 1. Total, 24. Remaining under treatment, 15.

This young State has already begun to look after its own interests and those of the insane, by erecting an institution somewhat commensurate with the demands of the insane. More than $25,000 have been expended in putting up such a building, which is already occupied.

8. MARYLAND.—*Annual Report of Maryland Hospital for the Insane:* 1869. Dr. WILLIAM F. STEUART.

At the close of last year there were 113 patients in the hospital. Admitted since, 218. Total, 331. Discharged recovered, 145. Improved, 43. Unimproved, 9. Died, 20. Total, 217. Remaining under treatment, 114.

This report is almost entirely statistical.

9. NEW HAMPSHIRE.—*Annual Report of the New Hampshire Asylum for the Insane:* 1869. Dr. J. P. BANCROFT.

At the close of last year there were 237 patients in the hospital. Admitted since, 130. Total, 367. Discharged recovered, 37. Improved, 34. Unimproved, 20. Died, 23. Total, 114. Remaining under treatment, 253.

Upon the subject of treatment of insanity, we quote a sentence which embraces in one view the ideas advocated in the report. "Foremost among the general principles capable of ensuring advancement is freedom from the demands of any preconceived, abstract theory of treatment of universal application. Each instance of disease ought, on the other hand, to be made a study

by itself, and such special treatment, medical, hygienic or moral, applied, as is suggested by the facts discovered in the particular case."

A new ward, a chapel, and a kitchen, have been newly erected, and a laundry rebuilt. Flues for ventilation have been placed in the hospital buildings, and other and extensive improvements are in contemplation.

10. New York.—*Annual Report of the Kings County Lunatic Asylum:* 1870. Dr. Edward R. Chapin.

At the close of last year there were 558 patients in the hospital. Admitted since, 314. Total, 872. Discharged recovered, 130. Improved, 62. Unimproved, 20. Died, 58. Total, 270. Remaining under treatment, 602.

Since the erection of the new wards the institution has not been over-crowded. This results from two causes; the increased accommodations possessed, and the action of the Board of Supervisors of the County in refusing admission to non-residents. Still some not entitled to the benefits of the institution gain admission through concealment or deceit. In his report Dr. Chapin has treated somewhat at length of the inability of the friends of the insane fully to realize their condition, and of the reluctance to place them under asylum treatment. Upon the subject of family disagreements and their frequently injurious effects upon the patient, he says:

> But if by chance a portion of the relatives, in consequence of some pre-existing family difficulty, or from other cause, should not have been consulted, or if consulted, the unfortunate invalid has been committed to an asylum against their expressed wishes, there is no end to the schemes to which the disaffected branch sometimes resort in order to procure his or her release. Time and again have insane persons been removed from this asylum, because the perplexed husbands, or wives, could not resist the importunities of

their disaffected connections. If these doubting and doubtful friends can thereupon be induced to assume entire charge of, or hold daily intercourse with, their afflicted kinsfolk, these unfortunate persons are almost invariably returned to the asylum; but under different circumstances—compelled to await the slow process of satisfying everybody, as to their insanity—the disease is very liable to become confirmed, beyond the possibility of relief. To such most unhappy misunderstandings, doubts and differences, among the relatives of insane persons, occurring at the very stage of the disorder, when it is most susceptible of successful treatment, it is in considerable measure owing that so many are retained at their homes until all hope of recovery has vanished, and are only sent to asylums when they have become too troublesome, or too old and burdensome, to be easily cared for elsewhere.

11. New York.—*Annual Report of the Bloomingdale Asylum for the Insane:* 1869. Dr. D. Tilden Brown.

At the close of last year there were 157 patients in the hospital. Admitted since, 140. Total, 297. Discharged recovered, 51. Improved, 42. Unimproved, 16. Died, 27. Total, 136. Remaining under treatment, 161.

During the year two patients were discharged upon a writ of *habeas corpus*. Reference is made to the charge against the institution which these proceedings gave origin to, viz.: that persons were sometimes detained in asylums for gain, and that patients were discharged "in anticipation of a hearing upon a writ of *habeas corpus*, because the pecuniary interests of the institution might be injuriously affected by a public examination of these persons." The animus and groundlessness of these charges are fully exposed by Dr. Brown. Prominence is given to the admirable remarks of Judge Ludlow, in an application for the discharge of an insane patient from the Pennsylvania Hospital, which were presented in the last Journal.

12. New York.—*Annual Report of the Hudson River Hospital for the Insane:* 1869. Dr. J. M. Cleaveland.

This institution is in progress of erection, and is not yet prepared to receive patients. The report relates principally to the building operations of the past year. "The buildings now in progress will have accommodations for 75 patients, and temporary offices for administrative purposes." The work upon the hospital has been pushed forward as rapidly as the appropriation made by the Legislature would admit. The necessities of the State for increased accommodations, and the special claim of the eastern portion thereof are briefly stated.

In regard to the popular belief that insanity is upon the increase in the State, we quote:

The opinion, not uncommon, that "insanity is fearfully on the increase," does not seem to be justified by facts. It has not been proved that new cases of mental disorder are occurring now in a higher ratio than heretofore. But the number of the chronic insane is undoubtedly increasing, and the reason is not far to seek. Had the same energy been shown in affording the means of combating and removing insanity, as has, more than once, been exerted in "stamping out" the cholera from our large cities, we should now be counting our chronic insane by tens instead of by hundreds. Oneida county furnishes a significant and forcible illustration of the truth of this statement. In this county is situated the Utica asylum, and its influence has been such that every acute case happening in the county is at once placed under hospital treatment. The result is that only *five* per cent. of those treated in the early stage of the disease remain as incurables; thus more than verifying the assertion of Dr. Jarvis, the statistician, that, "in a perfect state of things, where the best appliances which the science and skill of the age have provided for healing, are offered to the lunatics in as early a stage of their malady as they are to those who are attacked with fever or dysentery, probably eighty, and possibly ninety per cent. would be restored, and only twenty, or perhaps ten per cent. would be left among the constant insane population."

13. NEW YORK.—*Annual Report of the New York City Lunatic Asylum:* 1869. Dr. R. S. PARSONS.

At the close of last year there were 1,035 patients in the hospital. Admitted since, 680. Total, 1,715. Discharged recovered, 183. Improved, 141. Unimproved, 88. Died, 122. Total, 534. Remaining under treatment, 1,181.

There has been a large increase of the patients under treatment during the year, and the institution has been taxed beyond its capacity. The demand has been met, partly by the transfer of the more quiet to the workhouse department, and partly by the erection of a new pavilion. Improvements have been made in lighting the buildings by gas, and in the means of heating the pavilions. Difficulty is experienced in providing suitable physical exercise for patients during the period of convalesence. The entertainment of the patients has claimed a share of attention, and due success has attended the efforts made in this direction.

The resident physician, Dr. Parsons, was appointed a member of a committee on plans for a new asylum to be erected on Ward's Island. The work has progressed favorably, and with the buildings erected and now in process of construction, "the asylum would be in every respect a complete working establishment, a real *hospital* for the insane, sufficient for the accommodation of 350 patients of the same sex." For details of the plan we refer our readers to the report.

The tabulating of the pathological changes found in the *post-mortem* examinations is a new feature of the report.

14. OHIO.—*Annual Report of the Longview Asylum for the Insane:* 1869. Dr. O. M. LANGDON.

At the close of the year there were 425 patients in the hospital. Admitted since, 334. Total, 759. Dis-

charged recovered, 179. Improved, 7. Unimproved, 1. Eloped, 2. Died, 59. Total, 248. Remaining under treatment, 511.

The number of patients received during the year was largely increased by admissions from the Central Ohio Asylum, which was destroyed by fire. There were accommodated from that asylum 135 patients. A large proportion were chronic cases which had accumulated there during a term of years. This accounts for a decrease in the percentage of recoveries and the increase in that of deaths. Improvements have been made, in the erection of a stable, an ice and milk-house and in the increased conveniences of service rooms on the wards, and the ornamentation of the central building.

The asylum for colored patients has also received many needed improvements, and "will compare favorably with any of the first class institutions of the kind in the country." The necessity of legislation for inebriates is discussed, but no form of legal enactment is proposed.

15. Ohio.—*Annual Report of the Central Ohio Lunatic Asylum:* 1869. Dr. William L. Peck.

A somewhat detailed account of the destruction of the asylum by fire, on the 17th day of November, 1868, is given in the report. The fact and attendant circumstances have already been chronicled in the Journal. The contracts for rebuilding the asylum upon the former grounds, with accommodations for 500 patients, have been made, and the work commenced.

16. Ohio.—*Annual Report of the Southern Ohio Lunatic Asylum:* 1869. Dr. Richard Gundry.

At the close of last year there were 182 patients in the hospital. Admitted since, 297. Total, 479. Discharged recovered, 102. Improved, 10. Unimproved,

6. Died, 15. Total, 133. Remaining under treatment, 346.

The institution was originally built to accommodate 150 patients. It has been increased to a capacity for 400 patients. The new wards have been occupied from time to time as they were completed, and afford great satisfaction in the comforts furnished, and in relief from the former over-crowded condition of the house. A new steam-heating apparatus has been introduced, and many changes made in the economic and working details of the house to adapt them to the new circumstances. A new water supply has been obtained and utilized.

By legislative enactment two assistant physicians are now allowed the institution, and an appointment was made to fill an original vacancy thus created.

The statistical tables furnished by Dr. Gundry are numerous and full. A comparison of the percentage of recoveries in the two divisions of insanity, viz.: mania and melancholia, is made as follows: recoveries in cases of mania 54.24 per cent.; in cases of melancholia 55,56 per cent. Nevertheless, the doctor adds, "I think very little difference will be discovered in favor of either; in other words, that the prognosis is not more favorable for the one than the other, but depends almost entirely upon other features of the case."

17. PENNSYLVANIA.—*Annual Report of the Asylum for the Relief of Persons deprived of the Use of their Reason:* 1869. Dr. J. H. WORTHINGTON.

At the close of last year there were 62 patients remaining in the hospital. Admitted since, 20. Total, 82, Discharged recovered, 13. Improved, 8. Unimproved, 4. Died, 5. Total, 30. Remaining under treatment, 52.

Upon the subject of the general health of the insane, Dr. Worthington makes the following judicious remarks:

General Health.—The preservation and improvement of the physical health of the insane are among the most important objects that can occupy the attention of those who are engaged in providing for their wants. The tendency to deterioration of their physical as well as of their mental powers, which though not always strikingly manifested, is present in all cases, with but few exceptions, is such as to require constant efforts to counteract it. The necessity of all those sanitary measures which reason and experience have proved to be indispensable for the maintenance of health wherever numbers of people are collected together in a limited space, is therefore even greater than in ordinary hospitals. The most essential requisites for the prevention of disease under such circumstances, are embraced in an adequate supply of wholesome food, pure water, fresh air and the means of bodily exercise.

A small ward for excited male patients has been erected.

18. Pennsylvania.—*Annual Report of the Western Pennsylvania Hospital:* 1869. Dr. Joseph A. Reed.

At the close of last year there were 295 patients in the hospital. Admitted since, 201. Total, 496. Discharged during the year, 162. Remaining under treatment, 334. The condition of those discharged is not stated.

The doctor's report is brief, and is occupied mostly by an analysis of the cases received during the year, showing a large number of chronic insane, a mortuary record, and an analysis of all cases received into the institution, with special reference to the duration of insanity before admission, and length of residence in the asylum. The usual statistical matter is appended.

19. Tennessee.—*Biennial Report of the Tennessee Hospital for the Insane:* 1868–9. Dr. W. P. Jones.

At the close of 1867 there were 270 patients in the hospital. Admitted since, 244. Total, 514. Discharged recovered, 105. Improved, 49. Unimproved, 10. Eloped, 6. Died, 50. Total, 220. Remaining under treatment, 294.

Dr. Jones has again recorded his views upon the benefits to the insane of regular religious services upon the Sabbath. He quotes "in extenso" his remarks before the Association of Medical Superintendents of American Institutions for the Insane. He also enters his protest against the serving of legal processes upon insane persons restrained of their liberty, and calls upon the Legislature of Tennessee "to repeal these absurd, these irrational provisions, and require legal documents to be served upon natural or legal guardians." We are sorry to find in this report the resignation, by Dr. Jones, of the superintendency of the institution which he has so long and ably controlled, and to which he has devotod his time and energies. We give his resignation, with the causes which led to it, in full:

And now, gentlemen, you will not be surprised to learn that, in consequence of many years' suffering, an attack of hemiplegia this spring, and partial disability since, I feel it my duty, and do hereby resign the superintendency of this institution—to take effect the first of November, or such other time as may suit your convenience. For seven years and more, as an officer of the State, I have, with conscientious fidelity, attempted to do my duty, and when well, did what I could.

The position of medical superintendent has been no sinecure to me. During the war I made many sacrifices of ease and comfort, that others might have both. Repeatedly, before the dawn of morning, with lunatics and others, I went to the forest to provide fuel for fire, to prevent patients and flowers freezing; and once, at least, I retired to bed not knowing where so much as a morsel of bread should be had next day for our dependent household. For a considerable period I had no assistant, and from time to time took upon myself the duties of superintendent, physician, assistant physician and steward; and during much of this time my salary was received not in gold or greenbacks, but in Tennessee money, depreciated from forty to sixty per cent. As, however, I was not working exclusively for money, I exercised as much sleepless vigilance as if I had been receiving twice the amount in gold.

The institution, in my hands, has steadily advanced in interest, beauty and usefulness; and in humane, moral and curative respects, it compares favorably with the best in the country.

In present health, I might possibly, without just complaint, retain the superintendency for several years, or during the period of my election: but one threatened as I am, and actively engaged as I have been, may not relax his efforts without detriment to his patients, and subjecting himself to uncharitable criticism, and I do not propose to do either. If He who healeth all our diseases will but grant me health again, I shall be profoundly thankful, and seek some other sphere of usefulness. In any event, I shall not copy the example of Abimelech, who, when wounded by a woman, called hastily to his armor-bearer, "Draw thy sword and slay me, that it may not be said of me a woman slew him." I certainly have no ambition thus, by quick dispatch, to escape the results of a causeless blow, though inflicted by an infuriate madman. A better faith bids me "be still," and regard even this a possible blessing, and not without the providence of Him who permits not a sparrow to fall without his notice.

In retiring from a specialty to which I have devoted the meridian of life, I shall enjoy whatever of consolation is incident to the fact, that the infirmity which drives me hence, is the result of injury received when I was faithfully and honestly endeavoring to do my whole duty—when the energies of mind and body were taxed to the utmost—in efforts to meliorate the condition of the insane and mitigate the horrors of civil war.

Earnestly desiring that God, who governs all things after the counsel of His own will, may direct you in the selection of my successor,

I have the honor to be, your fellow cltizen,

W. P. JONES.

We have received the supplementary report of the doctor, extending from October, 1869, to January, 1870, at which time his connection with the asylum closed.

We present the letter of the trustees to Dr. Jones, on accepting his resignation:

DR. W. P. JONES:

Dear Sir:—In accepting your resignation as Superintendent and Physician of the "Tennessee Hospital for the Insane," the Board of Trustees beg leave to express to you their sincere regrets for the misfortune which seemed to you to render a severance of our long and pleasant relations, necessary.

It is but simple justice, to a faithful public officer, that we bear free and frank testimony to your noble and self-sacrificing devotion to your high trust; that you have raised high the standard of an enlightened and Christian philanthropy; and while you have tenderly cared for the wants of the unfortunates under your charge, you have sacredly guarded the interests of the State.

In your retiracy, you carry with you our earnest wishes for your health, happiness and prosperity.

Truly and fraternally yours.

In taking leave of Dr. Jones as superintendent of an institution, we can but indorse the letter of the trustees.

20. Massachusetts.—*Annual Report of the State Lunatic Hospital at Worcester, Mass.:* 1869. Dr. Merrick Bemis.

At the close of last year there were 382 patients in the hospital. Admitted since, 337. Total, 719. Discharged recovered, 149. Improved, 136. Unimproved, 11. Died, 47. Total, 343. Remaining under treatment, 376.

The report is a voluminous one, and contains a large amount of statistical matter, covering the whole time from the opening of the asylum in 1833. An epitome is given of the general workings of the hospital during the year, and extracts from the official records, showing the over-crowded condition of the building, and the disadvantages and discomforts experienced from this cause during its whole existence. The doctor then presents, in a clear and forcible manner, his own views of the results of this pernicious practice; of the necessity of creating a healthy public sentiment in regard to the insane, and the nature of their malady, such a sentiment as will demand "that any remedial means, medical, moral, and mental, be patiently, perseveringly and scientifically employed for their restoration to health and happiness." To accomplish this end, he gives in

detail his own idea of the manner in which a hospital should be constructed, and closes with recommending the sale of the present hospital grounds, and the purchase of others more remote from the city, and the erection thereon of a new series of buildings in conformity with the plan presented. This plan is the one known abroad as the cottage system; a scheme, as the readers of the JOURNAL know that we have not only disfavored but opposed, on grounds heretofore stated. We extract that portion of the report relating to the plan, and hope the doctor may be successful in finding such a location as combines all the advantages which his plan contemplates, and in such a neighborhood as contains a sufficient number of "well to do families" who will comply with the hospital regulations suggested.

To accomplish these most desirable objects, every lunatic, wherever he may be, or whatever his condition may be, should be under the care and control of the State, and should be frequently visited by some State medical officer, and his condition, care and surroundings carefully and systematically noted and recorded.

Some sufficient means should be at the command of every hospital for the insane to instruct nurses and attendants on probation, and retain their services when desirable.

No person should ever be confined in a lunatic hospital if he can have proper care and control out of it.

There should be attached to every hospital for the insane a sufficient number of medical officers, so that one may be ready at all times to attend to insane patients, wherever they may be cared for, within convenient distance of the hospital.

The patients out of the hospital proper being the majority, and consisting of all whose circumstances would insure proper attendance, more complete and perfect arrangements might be made for the smaller number in the hospital proper than has been anywhere attempted as yet.

There should be found in the neighborhood of the hospital a few well-to-do families who would be willing to receive one or two lunatics, such families being governed, so far as their lunatic boarders are concerned, by all the rules and regulations of the hospital. To these such patients should be sent as require a removal from

home, but who hardly need all the restraint of a hospital. A few convalescents, and a few mild chronic cases, might also find more suitable homes in such accommodations than elsewhere.

Information should be given of all lunatics, harmless or otherwise, who might be wandering about the country, and liable to become troublesome and dangerous, and these persons should be examined and registered by the deputy, and placed under restraint if necessary. The security and comfort of all these not necessarily confined in the hospital being provided for, the hospital would become the most cheerful and comfortable, as well as the most desirable place for the special treatment of acute forms of mental disease, and the quiet and repose of such as need rest and recuperation from exhausting mental disturbance.

Let us consider very briefly what this hospital should be and of what it should consist.

For the best management and control of persons afflicted with mental aberration to that degree which requires interference and restraint, it is necessary that places be provided where they can be kept quite separate from relatives and friends, and all those persons whom in health they have been in the habit of commanding or controlling, and where they will be removed from all objects likely to produce the same class of mental operations which accompanied the invasion of the disease.

The first consideration of importance is the proper location of the buildings. The site should be elevated, and, if possible, on a sunny slope, and by no means in a cold or exposed situation. The soil should be gravel, and there should be such a supply of pure water as to make the quantity used daily of no importance.

The estate should be near, but not immediately adjoining, a large town, having abundant railroad facilities, and should be thoroughly enclosed by a high and substantial wall, and furnished with a gate-keeper's lodge at the entrance. The surface of the land should be uneven and broken by groves and scattering trees of natural growth. The quality of the soil is of but little consequence in comparison to the quantity, but a heavy clay subsoil should be avoided.

The buildings should be mainly of two stories, and should be constructed in the most substantial manner of brick or stone, and made as cheerful and pleasing in their aspect as a due regard to a wise economy will permit.

They should consist of, first, a hospital proper, containing every facility in its construction for classification, seclusion, and treat-

ment which ingenuity can devise or skill create. This will be best obtained by erection of separate blocks or wings at some little distance from each other, connected by light airy passages or corridors, under which shall be a continuous basement. Each block or wing shall contain within itself every comfort and every facility for the care of its patients, and shall be, to all intents and purposes, a separate and detached hospital. In the lower story there should be the dining-rooms, sculleries, lavatories, water-closets, sitting-rooms, billiard-rooms, reading-rooms, and an occasional room for temporary seclusion of excited patients. The lower story should be connected with the upper story by a wide, light, and easy stairway, and this story should contain the sleeping apartments, bathing-rooms, water-closets, wardrobes, and dressing-rooms, and rooms for seclusion when necessary, and also semi-secluded rooms for the sick, and proper chambers and offices for the nurses.

The rooms should all be lighted by large and pleasant windows, commanding the most pleasing views the situation will permit. The rooms on the lower floor should be large, cheerful and airy, well warmed at all times, and thoroughly ventilated. The rooms of the upper story should be of convenient size, and have every comfort and convenience of sleeping-rooms and sick-rooms. The bathing-rooms, water-closets and lavatories should be large, light, airy, and of materials which do not absorb moisture. Each room should be thoroughly ventilated by separate flues carried to the main ventilating shaft or duct. The kitchen and domestic offices should be at or near and in the rear of the centre of this proposed group of separate and detached wings or blocks. The public offices, medical offices and business offices, should be at or near and in front of the centre. The corridor basement should connect each wing or block, as well as the corridor above, with the central offices and with each other, and in the basement will be placed facilities for conveying all supplies from the kitchen and stores to the wings or blocks. The males should occupy apartments on one side of the central offices and the females on the other, and all the accommodations should be separate and distinct from each other.

This centre group of blocks or wings should be of sufficient capacity to accommodate, in the best possible manner, about one-third of the whole number of patients destined to be managed and controlled in the whole establishment. The remaining two-thirds should be accommodated in structures of a different character, but should be subject to the same management and control. So far as the hospital proper is concerned, the objects sought are, a more

perfect and complete ventilation, so that the atmosphere of one ward should not diffuse itself through any other ward, but should escape at once into the open air, while its place is supplied as speedily by the purest air obtainable from the common supply of the whole atmosphere outside; a more complete separation of those cases requiring special treatment, and needing rest and seclusion, a more sunny and cheerful aspect to various wards, and less interference and discomfort from the general conduct of a large hospital.

The question of the plan would simply be, first, what is the structure most conducive to health; second, what is the most convenient and economical. That is, how can we best secure perfect ventilation, plenty of sunlight on all sides, pleasing views from all look-outs, and easy and convenient means of communication.

In order to realize all these advantages the wings or blocks may be arranged in any way in reference to each other, but it will generally be found best if placed in a line, or side by side, thus diminishing the distance to be traversed in going from wing to wing, and facilitating the administration of affairs. This allows covered passage-ways between all parts of the hospital without interfering with light or ventilation, and will afford the means for cozy, vine-covered walks and protected flower gardens for the exercising grounds of this class of patients. The remaining two-thirds of the whole number of patients destined to be cared for in the establishment should be accommodated in houses of smaller capacity, built for the purpose on the grounds of the institution and within its enclosures.

These houses should be of sufficient capacity to accommodate twelve to fifteen persons each, and should be of two stories in height, having all day accommodations in the first story, and all sleeping, and bathing, and dressing accommodations in the second story. The store-rooms should be placed in the basement, which should be high and dry. These houses should be plainly and substantially built of brick or stone, plainly furnished, and should be models of neatness and convenience. The cooking apparatus of each of these houses should be worthy of Yankee ingenuity and skill, and should be made to warm and ventilate all the rooms of the houses during the cold season of the year, as well as to warm all the water for the bathing purposes of the family. These houses may be placed at such distances from each other as the extent of the estate will permit, care being taken only to select sunny and cheerful spots in protected situations. Those occupied by the males should be at a little distance, and somewhat different in char-

acter and convenience from those occupied by females, and should be separated from them by a drive-way, and such other distinction as may be convenient. There should be no interior divisions of the estate except at the hospital proper, and such as are needed for the protection of growing crops.

Each house should have its garden for fruits, flowers, and vegetables, and should be cultivated by members of the family. Each garden should have its own walks, which should unite and harmonize with the general walk and drive through the whole grounds.

Naturally enough the houses on the side near the farm-house and stables should be occupied by the farm laborers. Those near the shops and engine-house would best accommodate the mechanics, gardeners and chore-men.

On the other side the houses near the laundry and bakery will accommodate the laboring women, housekeepers, seamstresses, &c. At a little distance from these the houses will be occupied by women—wives and daughters not accustomed to labor, who will pass their time in light employments, and in the gardens and grounds of the institution.

And still further remote, almost outside the gates, should be one for each sex, of still better character, partially secluded from all others, which should be furnished for, and occupied by, convalescents during the few weeks or months just previous to leaving the control of the institution for the duties of active life.

At or near the central group, or hospital proper, should be placed the steam-works for heating and ventilating, pumping, &c. The laundry, bakery, a model bathing-house, and the general store-house from which all supplies should be issued by an order from the proper office, and a strict account kept with every family receiving such supplies.

Here, too, should be the gymnasium, recreation-rooms, lecture-rooms, general library and chapel.

Here, also, should be a system of experimental shops for such persons as cannot be expected to engage in useful labor, but who would while away much of their time in rational activity, and thus promote a speedy restoration to sound health of body and mind.

Could this plan be adopted and carried out a wide step would be taken in advance of any existing arrangement for the care and recovery of the insane. In doing so a departure would, of course, be made from the general style and character of hospital buildings.

21. VIRGINIA.—*Annual Report of the Eastern Lunatic Asylum of Virginia:* 1869. Dr. D. R. BROWER.

At the close of last year there were 180 patients in the hospital. Admitted since, 53. Total, 233. Discharged, 23. Eloped, 1. Died, 9. Total, 33. Remaining under treatment, 200.

Dr. Brower says: "This asylum has suffered much from the devastation of the late war, and the repeated changes in its administration since the death of its late efficient superintendent, Dr. John M. Galt. Under his administration it had an enviable reputation, which it has been my constant aim to reëstablish, and, if possible, increase. For this purpose extensive repairs and improvements have been made and paid for without any additional State appropriation." Here follow in detail the improvements which have been made during the year. They are many and valuable, and exhibit a commendable degree of energy on the part of the Doctor, and a practical knowledge of the demands of an institution rarely met with in one who has so recently assumed the onerous duties of a superintendent. They include an increased water supply, new tankage, a system of drainage, the erection of new gas works, a new kitchen, with improved cooking and washing apparatus, refurnishing of dining-rooms and wards, the repainting of the asylum buildings, the fitting up of a new library and reading-room, improvements of the pleasure grounds, the erection of new work-shops, and the introduction of the "earth closet" in place of the ordinary privies, which had already been too long in use.

Of this Dr. Brower says:

It is a decided success, and I especially recommend it to the superintendents of public Institutions, who have not already established a satisfactory system of water closets with an abundance of water and downward forced ventilation, on account of the low

price of the fixtures, the perfect deodorization of the excretions, and the economic value of the resulting product. We have used the earth three consecutive times, after being dried, and have found the deodorization complete in each instance. We have also found screened coal ashes to answer as good a purpose as earth.

The importance of the purchase of more land—the necessity of increased accommodations for the insane of the State—and the demand for a new system of heating the institution with steam, in place of stoves and open fire-places, is laid before the Legislature in this report.

22. VIRGINIA.—*Biennial Report of the Western Lunatic Asylum of Virginia for the years* 1868–1869. Dr. FRANCIS T. STRIBLING.

At the close of last year there were 338 patients in the hospital. Admitted since, 204. Total, 542. Discharged recovered, 80. Improved, 47. Unimproved, 51. Not insane, 1. Eloped, 2. Died, 37. Total, 218. Remaining under treatment, 324.

Improvements have been made in the water supply by the erection of a reservoir, holding 100,000 gallons of water, so located that its bottom is twenty feet higher than the dome of the centre building. The water is excellent in quality, and more abundant than the demands of the institution. The provisions against danger from fire are ample, and rarely equalled in any asylum or public building.

The necessitous condition of the colored insane has again enlisted the Doctor's sympathy and attention. Copious extracts are made from his reports of 1844, 1845 and 1848, in which this subject is earnestly commended to the Legislature of the State, and some action invoked. A resolution of inquiry was passed, but no definite action taken.

A plan for a building to accommodate 60 patients has been proposed, and the requisites to be looked for in location briefly stated.

23. PENNSYLVANIA.—*Annual Report of the Insane Department of the Pennsylvania Hospital for* 1869. Dr. D. D. RICHARDSON.

At the close of last year there were 680 patients in the hospital. Admitted since, 397. Total, 1,077. Discharged recovered, 169. Improved, 86. Unimproved, 4. Not insane, 6. Died, 87. Total, 354. Remaining under treatment, 723.

The hospital is at all times overcrowded with patients, which results in injury to those treated, and calls loudly for relief. In concluding his appeal the Dr. quotes Judge Paxon's charge to the grand jury, as follows:

> The Insane Department should be immediately enlarged. No considerations of cost should delay it for one moment. There is no class of poor so deserving of our sympathy and care as the Insane. They are not paupers of choice, or by their own act. They are such by the visitation of God. In this matter we are but the stewards of a higher power, and we cannot violate such trust with impunity. While we are expending our millions, and properly so, upon our parks and other schemes to adorn our city, it is not creditable to our humanity that the insane poor, who have thus been committed to our care, should lack the comforts and accommodations which their helpless condition require.

24. *Report of the Superintendent of the Boston Lunatic Asylum:* 1869–70. Dr. CLEMENT A. WALKER.

Under treatment date last report, 202. Admitted since, 75. Total, 277. Discharged recovered, 14. Improved, 8. Unimproved, 6. Died, 37. Total, 65. Remaining, 212.

In his report Dr. Walker repeats the complaint we have so often noted in other institutions, of the inadequacy of the accommodations, to the number of patients necessarily received. With room for 180 patients, there are 212 actually enjoying the benefits of the asylum. In December last, on Christmas night, a fire broke out in one of the buildings and entirely destroyed the sewing, ironing, and drying-rooms, with all their contents.

The workings of the Asylum were much obstructed during the months occupied in rebuilding. Some improvements have been made during the year. Much attention has been given to the furnishing suitable amusements for the patients—lectures, dancing and social parties, excursions on land and water—in addition to the various games in common use, served for exercise and recreation.

25. NEW YORK.—*Twenty-seventh Annual Report of the New York State Lunatic Asylum:* 1869. Dr. JOHN P. GRAY.

There were in the asylum at date of last report, 570 patients. Admitted since, 463. Total, 1,033. Of these there were discharged recovered, 156. Improved, 85. Unimproved, 117. Not insane, 8. Died, 64. Total, 430. Remaining under treatment, 603.

The analysis of the mortuary record is a valuable and interesting feature of the report, and we commend the practice of connecting the *post mortem* examinations with the history of the cases. By this arrangement a complete and intelligible account of the whole case is obtained, and rendered useful, as it is a matter of record and experience.

In his last report Dr. Gray made the announcement of the appointment by the Legislature of a special pathologist for the Asylum. In this report he speaks of the importance of pathological investigation, of the general direction to be given to labor in this field, and of the results already accomplished. This portion of the report was reprinted in the JOURNAL for April. He also states at some length many of the difficulties which embarrass hospitals for the insane, and of the causes which operate to prevent their use by many who demand treatment in such institutions. The former of these are founded in ignorance and consequent distrust,

and can be overcome only "by giving them a high character for thorough medical care of patients, and by the visitations of physicians, clergymen, public officers and other intelligent citizens, who will not only see and appreciate the operations of hospitals, but impress their beneficent work upon the public mind." The latter subject is summarized in five distinct propositions, as follows:

1st. There is much ignorance as to the nature and curability of insanity, which induces delay. It is too generally supposed to be a disease of mind instead of body, and therefore not curable.

2d. There is a natural reluctance to place friends in the care of strangers; especially at a distance, and this is quite as prevalent among the ignorant and poor as the intelligent and well-to-do.

3d. There is a wide-spread distrust of asylums. They are too generally looked upon as last resorts; by many as places of cruelty and improper confinement, where people are shut up and compelled to fret away a dreary and cheerless existence, deprived of comforts, amusements, and everything calculated to make life agreeable, and the indigent and more dependent are often slow to seek the aid of county officers, and retain their friends at home as long as possible.

4th. Distance from the asylum; this is the most potent influence in keeping persons in their homes, and the most prolific source of chronic insanity, in neglect of timely treatment. The influence of distance is admirably shown by Dr. Edward Jarvis.*

5th. Another reason is that the county officers have known the lack of hospital provision, and the importance of making the best possible use of the limited means this institution affords, and have generally endeavored to select the cases most favorable for recovery. That they should often err in making selections, is not to their discredit. They feel the difficulties of their responsible trust, and lament the sad necessities, but endeavour to make the best of imperfect and limited means, while awaiting the erection of other asylums.

A portion of the report is taken up with a history of the effort made to increase the hospital provision for the

* Influence of distance from, and nearness to an insane hospital, on its use by the people. *American Journal of Insanity*, January, 1866.

insane in the State, and which has culminated in the erection of the Hudson River and Willard asylum, and the projection of the new institution located at Buffalo. The origin of this effort to locate the several institutions in different sections of the State, that they might be available for all the insane, dates back to 1851. This history is largely made up of extracts from the reports of this institution, and shows conclusively that the managers and superintendents of the State Asylum have been the persistent advocates of hospital extension to include the care and treatment of all the insane of the State. The superintendents of the poor in the State invariably supported this course of action, and in 1855, in convention at Utica, passed unanimously the following resolutions:

Whereas, It is already conceded, and has been adopted as the policy of this State, that insanity is a disease requiring, in all its forms and stages, special means for treatment and care; therefore,

Resolved, That the State should make ample and suitable provision for its insane not in a condition to reside in private families.

Resolved, No insane person should be treated, or in any way taken care of, in any county poor or alms-house, or other receptacle provided for, and in which paupers are maintained or supported.

Resolved, That a proper classification is an indispensable element in the treatment of the insane, which can only be secured in establishments constructed with a special view to their treatment.

Resolved, Insane persons considered curable and those considered incurable should *not* be provided for in separate establishments.

They have since been indorsed by the Association of Medical Superintendents of American Institutions for the Insane.

Dr. Gray reviews in full the action of the State Medical Society and of the Legislature which led to the establishment of the present Willard asylum. The

original bill as presented to the Assembly contemplated the immediate erection of two asylums, one to be located east, and one west, of Utica. Although reported upon favorably, another was substituted to establish but one institution "for the chronic insane who are paupers;" and providing that the cost of their care should not exceed two dollars per week."

The advocates for this measure in the State of New York, were Dr. George Cook, and John B. Chapin, who are both proprietors of a private asylum.

What representations prevailed to secure this change can only be inferred from the features of the bill and the subsequent utterances of those advocating the measure of one asylum for chronic insane paupers, as against the two asylums for *all*, as then contemplated and now authorized by the Legislature. It was urged that the State should not, and could not, adopt so grand a step as the prompt and full care of all its helpless insane, by the establishment of two more asylums. One of these advocates,* in commenting subsequently upon the proposition to erect enough hospitals to take care of all insane, and then increasing them as necessity may require, remarks: "The answer to this is that no community in the world has ever done this, and are we to do this now, with the burden of a great debt resting on us? The great mass of the chronic insane have never been, and never will be, provided for in such hospitals." Another joins in this assertion as follows:

"No State, at home or abroad, has been able to place all its insane in asylums on the present plans, and none will be able to do so unless great concessions are made." (Report on provision for the chronic insane, John B. Chapin, M. D., Brigham Hall, Canandaigua, N. Y., 1868.)

The State has answered this. It has ordered two more hospitals, and it will provide more when necessary. I have held no equivocal position in this important issue, and am quite willing to meet all the responsibilities that may spring from the effort to defeat a scheme which I believed and still believe, was not conceived in wisdom, and was not in harmony with political economy, humanity, or medical science. I believe that the necessities of the insane

*Remarks on the care and treatment of the chronic insane poor, by Dr. George Cook, Canandaigua, N. Y, 1867.

required two hospitals at once, and that all should be provided for, without respect to the national or State debt, or whether any community in the world had ever before provided for all their insane or not. To take care of only "chronic insane who are paupers," might indeed tend to reduce the present burden, but it would not discharge the greater obligation which the State owes to all insane. The comprehensive and magnanimous views of the county superintendents of the poor are the only basis for the action of the State; and the State, true to itself, to progress, to humanity, and to medicine, has adopted them.

The assertion of one of these writers, that county officers "are inclined to send a few patients to the hospital, and the many to the county poor-house," under "a very general conviction in the minds of county officials, charged with the care of the insane poor, that the cost of maintenance in most of our State hospitals for the insane, as now organized, is too great," is not in accordance with my observation, and is certainly at variance with the action of the superintendents of the poor.

Dr. Chapin says, on the same point: "The administration of those laws pertaining to the care and disposition of the insane poor devolves upon uncertain county officials, who often allow their desire for economy to overbalance the humane discharge of their duty. * * A few of the insane, comparatively, are provided for in asylums; but the large proportion wear out a miserable existence in the poor-houses."

The resolutions and memorial of these county officers, already alluded to, vindicate them sufficiently. They desired, and unanimously declared, "That this relief should be commensurate with the demand." They use these words in their memorial to the Legislature, in 1856: "In the various counties of the State there are alms-houses, or, as they are more commonly called, county houses. These become alike the common receptacle of the pauper and the lunatic; they possess the means of alleviating the wants of the former, *but are powerless to heal the malady of the latter.* A single circumstance common to the two, poverty, is allowed to govern their association and disposal; and a policy is made to prevail, which your memorialists do not hesitate to declare to be *unnatural and unjust.* From *the slender provision* now existing for the insane, the custom has grown more frequent of sending to the asylum for treatment only those who, from their noise, violence, or destructive habits, cannot be retained in the alms-houses; while those who are quiet merely, are sent to the county houses, or such

delay exists in furnishing them the necessary care, that they gradually sink into an incurable state. This quiet state is usually a condition of dementia. Of all forms of mental disease, experience proves this to be the most unfavorable to recovery. *This system, if allowed to prevail, must result in the accumulation of incurables in the county houses.*" Again: "Your memorialists believe, the large accumulation of incurables in the county alms-houses is the direct result of the present defective lunacy provision. The increase or diminution of this class will depend upon the policy hereafter pursued. They are fully aware of the evils of the present system. It cannot be expected that 621 insane persons (the number of former self-sustaining citizens found in poor-houses in 1855,) who have been producing citizens, will find in an alms-house, with the very circumstances, perhaps, conducing to their attack, constantly about them, and amid the association of vice and degradation, that aid which their condition demands." They close this memorial as already quoted, recommending "the immediate erection of two State Lunatic hospitals, so located that they may accommodate the largest number of the insane at present unprovided for, and so relieve the undersigned of the pain of longer continuing a system fraught with injustice and inhumanity." And these are the men who are said to be "inclined to send a few patients to the hospital and the many to the county poor-house!" This measure of a special asylum for "chronic insane who are paupers," it was said, would cost less than an ordinary asylum. One of its advocates, Dr. Cook, declares, "it removes the only obstacle of appropriate provision for them, viz.: The cost of buildings, which may be reduced one-half, at least; and the cost of maintenance, which may be reduced one-half; thus making it for the pecuniary interest of the State and counties to sustain it." He only suggests, however, one class of lessened expense. "Theatres, billiard rooms, bowling alleys, gymnasiums, frescoed ceilings, and carpeted floors could well be dispensed with."

Let us for a moment see what the advocates of separate asylums for chronic insane paupers, claim as wise and economical. Dr. Willard says: "Let an institution for incurables be established. Let the incurables be colonized there from the poor-houses, and the cost of supporting them would not be greater, and probably much less than it is now." Dr. Cook says: "Build for them suitable homes. Let them have plenty of land for cultivation; at least one hundred acres for every one hundred patients. Give them a hospital building, with every convenience for the care and treat-

ment of the smaller number of paroxysmal and excited cases; and for the more quiet and industrious class, erect less expensive buildings, at suitable places upon the farm, as necessity and convenience may require." He then disclaims the necessity of amusements, and adds: "In such an organization, those accustomed to work upon the soil would find congenial and pleasant occupation. The growing of grain and roots, the raising and care of stock, the care of the dairy, the growing of fruits and flowers, the cultivation of the garden, would each form subdivisions of labor. Some of the mechanical departments of labor could also be carried on to a limited extent." During the winter months these occupations would be somewhat impeded. Amusements might then prove serviceable. Dr. Chapin would have a similar hospital building and a supplemental organization. This latter "should be in the nature of a colony, made up of detached buildings, for both sexes, having the relation of contiguity to the hospital. The colony should be composed of several buildings, which might be located with reference to the various employments incident to a large establishment, as the cultivation of fruit and the garden, the farm, the care of stock and certain mechanical operations." All this, which they would set forth as new, in the way of occupation, all well organized asylums have been doing for a quarter of a century.

Dr. Cook also remarks: Will any reflecting mind contrast such a scene of order, industry and natural life, as would be presented in such a home for the chronic insane, as I have hastily and imperfectly sketched, with their present condition in our State asylums, many of them idle, listless and weary, and tell me in which direction the finger of progress and improvement points." Dr. Chapin says: "The monotony of the life of the insane, especially that of the chronic insane, is a matter of painful experience. It is the offspring of idleness and want of occupation."

These, then, are the measures which are brought forward to meet the present and future of the insane of this State.

The Willard bill had the peculiar feature of authorizing the selection of property for the location on which the State had a lien. The State had a lien on the agricultural farm at Ovid, in Seneca county, of $40,000. It was urged that the agricultural college building, a large structure and unoccupied, could be made at once available for chronic insane by inexpensive changes. Although a site was offered in Buffalo to the locating commission, as a gift, it paid $37,000 for the agricultural farm, which, with the mortgage, made a total of $77,000 for a site. This was in 1866, and yet the college building has not been refitted or occupied.

In the pamphlet already quoted from, Dr. Chapin makes this statement: "It is a well known fact, that however commendable a proposition or an institution may be, in the expenditure of public money to carry it out, a variety of new interests, personal, political and pecuniary, in no way relating to the end in view, often enter into the prosecution of it to influence and shape it. In this manner, extravagance of management and an utter failure to appreciate the intentions and plans of the founders of a great and good work, may bring about a loss of public confidence and paralyze all subsequent endeavors in the same direction for years."

The specification and the plan of the building were submitted to the Governor and signed by all the Commissioners in his presence, and on the plan, Governor Fenton made the following indorsement:

"I approve of the plan of the general hospital building, in accordance with the drawing and specifications this day adopted; and for explanation of alterations, reference is made to my approval of the amended specification of the Commissioners, this day signed and submitted. And I recommend that the central structure and one wing of the building be erected as speedily as practicable.

"Approved, ALBANY, March 10, 1866.

"(Signed) R. E. FENTON."

I cannot but congratulate the people of the State on the extension of the means for the treatment of the insane. Prompt treatment, as in all other diseases, is the first and grand desideratum. Arrest the accumulation of chronic insane by immediate treatment, while the disease is most amenable to remedies. My judgment has been, and is, opposed to the creation of special establishments for the aggregation of one class of the insane in the chronic stage of the disease. Still, as the State has inaugurated the experiment, it is eminently proper to give it a trial. Its supporters have had the location of the buildings and their erection in their own hands. One of the advocates of such institutions, Dr. Chapin, has not only been one of the building commissioners of the Willard Asylum, but has succeeded to its superintendency. The charge to counties, for recent and chronic cases together, has been, since 1865, at the Utica Asylum, four dollars per week. Before that period it was three dollars per week. This charge is all that is made to the counties for the care of patients, for food, medicines and all kindred supplies; furniture of all kinds, including beds, bedding, toweling, &c.; fuel and lights; salaries and wages of all supervisors and attendants, book-keeper, clerk, chaplain, apothecary, engineer, firemen, butcher, tailor, farmer and farm laborers, herdsmen, teamsters,

gardeners, those who work in the kitchens, wash-house, shops, &c.; indeed, all persons employed, except the officers, who are paid by the State. This charge also includes all amusements, or as expressed in an extract heretofore made, "theatres, billiard-rooms, bowling-alleys, gymnasiums, frescoed ceilings and carpeted floors." The secretary of the Commission of State Charities, Dr. Hoyt, in speaking of this asylum, with an intelligent and liberal regard for the welfare of the patients, says of our amusements: "They serve in a great measure to relieve the tedium of asylum life, and without doubt, are highly beneficial to the patients." The experience of superintendents of asylums will abundantly sustain Secretary Hoyt. I only regret we have not more amusements.

In a pamphlet issued by Dr. Chapin, 1868, on "Provision for the Chronic Insane," he remarks: "Not so much for the purpose of instituting a comparison as of presenting facts necessary to an intelligent understanding of this question, we give the average weekly cost of support in several asylums lying in adjacent States, taken from the last accessible reports, viz.:

State Asylum at	Taunton, Mass., per week	.....	$3 39
" "	Northampton, Mass., per week	.....	3 64
" "	Worcester, Mass., per week	.....	3 97
" "	Harrisburg, Pa., "	.....	4 05
" "	Trenton, N. J., "	.....	4 42
" "	Utica, N. Y., "	.....	5 09"

It will be observed that Utica is the base of the cone. This pamphlet purports to be a report of a committee of the American Medical Association. A similar report by Dr. Charles A. Lee,

Makes the weekly charge at	Utica	.....	$5 53
" " "	Harrisburg	.....	4 38
" " "	Northampton	.....	4 78

Neither of these statements are correct as regards Utica, whatever the facts may be touching the other institutions mentioned. Public institutions can well bear the discussion of the questions of expense of the care of the dependent.

I have always believed it wise to have State asylums receive all the insane. Thus, the rich and well-to-do, will aid in the better support of the indigent and poor. Distinctions based upon the ability to pay cannot be relied upon, in this country at least, as a basis of classification of institutions for the care of the insane. In this asylum most of those admitted as indigent and pauper patients, were self-supporting until the attack of insanity. They

are a very different class of people from those we are in the habit of speaking of as paupers. The number who become insane after pauperism is few. The Superintendents of the poor investigated this question, among others, in 1855, and reported the result in their memorial to the Legislature. They found, at that date, 757 insane in the poor-houses and receptacles. Of these, they remark, "621 were self-supporting until the invasion of insanity." They also made this sad but important statement: "Twenty-nine families have become a public charge because of insanity in the head of the family." I find by practical experience, that private asylums and corporate institutions have no particular tenderness or scruple in sending away to the State asylum, patients under their charge, whose resources of support are exhausted. The sympathy for social position and distinctions, seems to vanish with the pecuniary means of the patient. We have a number here who have undergone this transfer. We should have deemed it better economy to have received them here at first. They would probably have fared as well, and their money would have lasted longer. It is far better that the well-to-do should pay a small amount above their actual expenses, to the State, to go to the increased comfort of a poor neighbor, who may have once been his richer neighbor, may be the wife or child of his clergyman, or the clergyman himself, or the school teacher of his children, than pay a large profit to a private individual, who is at best only a speculator in his misfortune. Why persons carrying on private lunatic asylums might oppose the increase of ordinary hospitals for insane, or the establishment of hospitals of a high order, and desire to see the State asylums conducted on a pauper basis, either of which would exclude paying patients and force them into private institutions, can be understood.

Dr. Brown, of the Bloomingdale Asylum, in the discussion of Dr. Cook's paper in advocacy of chronic establishments, or, to use his own words, "separate provision in an asylum of cheaper construction, and with diminished cost of maintenance," at the meeting of the Association of Medical Superintendents of American Institutions for the Insane, held in Washington, in 1867, remarked: "I have no doubt our own institution and Brigham Hall (Dr. Cook's,) would both thrive better in the next ten years, if another State hospital is not erected in our immediate neighborhood." He also said: "Dr. Cook's institution is in the western portion of the State of New York, and, as is known to the members present, is his own private property. The institution with which I am connected is at

the other end of the State, a chartered hospital, depending wholly on the income derived from patients for its support. Both institutions would be, in some measure, affected by the establishment of a State hospital in their vicinity."

I believe in the declaration of Lord Shaftesbury in the House of Commons: "Lunatics, at any rate, should not be the objects of financial speculation."

The law wisely assumes the guardianship of the insane, both of their persons and their property, during the continuance of their disease, which is one involving legal incapacity. They are not only considered as incapable of self-government, but of contracting marriage, of consenting to agreements, of managing their property, of disposing of it by sale, gift, or testament. While thus protecting them, their families, and society against the consequences of their afflicted state, it should likewise provide the most efficient means for their protection, as well as for their relief and cure in institutions over which it holds a sovereign control.

The recapitulation which I have made, has been made for the purpose of showing the uniform policy of this State, to provide equally and liberally for its afflicted citizens, poor and rich, whether casually or chronically insane. Its general purpose has been, not only to provide for all within its power and duty, but to provide for them together; with a suitable classification for mere sanitary purposes. The only exception to this uniform policy is an experimental one; the establishment of the Willard Asylum, at Ovid, which is devoted exclusively to the chronic insane. It is an experiment, which, according to the experience of other countries which have tried it, must fail; but in this instance, fortunately with no great injury; because that institution can be accommodated to the uniform policy of the State; a policy commended, not only by those having experience in our State charities, but by the unanimous approval of those distinguished medical men and experts who constitute the Association of Superintendents of Hospitals for the Insane throughout the United States.

26. *Biennial Report of the Insane Asylum of California:* 1869. Dr. G. A. SHURTLEFF.

There were in the asylum at date of last report, 853 patients. Admitted since, 482. Total under treatment, 1,335. Of these there were discharged recovered, 225. Improved, 16. Died, 154. Eloped, 15. Total discharged, 415. Remaining under treatment, 920.

Dr. Shurtleff states that during the past twelve years of the institution there has been an annual increase of patients, averaging between sixty and seventy, and that this increase, without additional accommodations having been provided, has produced an intolerably crowded condition of the asylum.

This has been partly met by the erection during the past year, "of a cheap though comely wooden cottage block, detached from the main building, and capable of accommodating comfortably, one hundred and thirty-five patients." "It is not intended as an experimental trial of the 'family plan,' nor is it in imitation of the colony system at Gheel, in Belgium: it is an expedient resorted to at a period of urgent necessity, but it is apprehended that its continuance will be required by recurrences of similar necessities."

The question of the separation of the insane into two classes, the chronic incurables, and the recent and probably curable cases, has attracted the Dr.'s attention. On this subject he speaks clearly and forcibly, and his conclusions correspond with those of the most distinguished alienists.

He says: "But to the establishment of separate receptacles for a certain class, I can see nothing favorable on the score of economy. While on the grounds of humanity unanswerable objections present themselves." These objections we allow the Dr. to state for himself.

> But the chief objection to separate establishments for the care of the chronic and supposed incurables is based upon considerations of humanity. Had I never read a word of all that has been so ably written and said upon this subject, I am sure the conviction would have been established in my mind by observation, that the natural tendency of such institutions would be to neglect and decline. There are now in the Insane Asylum of California more than two hundred patients who, mostly on account of their long seclusion and the forgetfulness of friends, are not visited by relative

or friend, and concerning whose welfare no inquiry is made. They are of the class who would be placed in separate establishments by the advocates of that policy; and such abandonment by acquaintances would become the rule in this country, I am confident, in an asylum for the chronic insane. Such separation would complete their isolation from the world. Authoritatively adjudged incurable, no improvement in their mental condition would be expected. They would evoke no visits, no vigilance, no scrutiny from without, and awaken no fear of complaint, no desire of approval, no love of applause, no professional encouragement and ambition within. Nothing but a divinely inspired management could keep an institution thus composed from degeneracy. As situated now, these patients are in daily contact, to some extent, with the outside world. They are associating with the new comers; they see visitors daily; in fact, they are mingled with and permitted more or less to participate in the advantages and indulge the expectations of the more recently arrived. Thus, the ceaseless arrival of new patients, the visits to and interest taken in them, and the departures of the cured, bring the condition of the institution to the constant notice of the public, keep its inmates in the "living present," and reanimate the chronic masses, as the ever confined waters of the lake, which would otherwise become a stagnant pool, are kept alive and fresh by the ever flowing and commingling streams which feed and drain it. It is easy to perceive how an experimental asylum for incurables may be sustained in an admirable condition, during its period of trial, by the anxious vigilance and patronizing influence of its advocates and patrons. But the prosperity is not inherent. It is under the spur of trial and opposition, and is thus receiving temporarily the external attention and the incentives to effort which institutions for the care and treatment of all classes must necessarily continue to have bestowed on them.

Again, should the policy become general, of maintaining receptacles for the incurably insane, it would, in time, have the effect to disparage the character of institutions for the insane generally, in the estimation of the less informed public. It would aid in reforming the old erroneous idea, that insane persons never recover; that they are not subjects for medical treatment, but for confinement only, and that he who has once been crazy is always to be regarded with suspicion and fear. The uninformed, untravelled masses, who might reside in the neighborhood of these receptacles, would simply re-learn the lessons of their forefathers in their view of insanity and insane asylums. It should be borne in mind that in-

sanity is but the evidence or symptom of a disordered condition of the brain and nervous system, as a cough or difficult breathing is of the lungs or respiratory system. One is as rationally the subject of medical treatment as the other, and either may or may not be curable, according to the nature and the extent of the disease of the respective organs affected.

For more than half a century, able and devoted alienists, aided by intelligent philanthropists and wise statesmen, have been zealously laboring to procure the establishment of hospitals, with all necessary appliances for the proper treatment and care of the insane, with a view both to ameliorate their condition and effect the greatest possible number of cures. They have labored assiduously to correct ignorant prejudices and abolish cruel practices. They have held out a hope which to thousands has come to fruition. It has slowly come to pass that when one places his friend in a hospital for the insane, he looks for his cure and return home; and I trust this young, advancing State will not, by an inconsiderate step, as I know it will not by a parsimonious one, turn back half a century from the light and progress of the age, by the establishment of receptacles for the life-long and hopeless confinement of a doomed class of its insane.

Much has been said, with good reason, in my judgment, against separation, on account of the depressing influence on the minds of the appreciative, who would by separation be declared incurable, and doubtless really made so by the uncharitable sentence.

Human happiness is impaired, and human misery augmented, in proportion as the inspiring sentiment of hope is extinguished in the human breast.

"Pains are lessened by the hope of cure."

How often is the inquiry anxiously made, in our best institutions: "Doctor, will I never get well? Will I never get out of this place? When will my turn come to go?" What answer could be given to such questions—what encouragement could be offered to such inquirers—in an asylum devoted to the confinement of incurables alone?

Let it not be supposed that the insane do not appreciate their situation, nor indulge in hopes and doubts. Many are as sensitive on the subject of their recovery as a consumptive; and what would be the influence on the mind of the latter, if by law consigned to an asylum for persons afflicted with incurable pulmonary disease? What inconceivable despair and mental anguish would

be added to the pangs of physical suffering! To the feelings of many insane persons the contemplation of their incurability would be no less poignant.

A melancholy patient of Sir Alexander Morison has most touchingly described the emotions of despair and hope which sometimes move the mind diseased:

> "There is a winter in my soul—
> The winter of despair;
> Oh, when shall spring its rage control?
> When shall the snow-drop blossom there?
> Cold gleams of comfort sometimes dart
> A dawn of glory on my heart,
> But quickly pass away.
> Thus northern lights the gloom adorn,
> And give the promise of a morn
> That never turns to day."

It is sometimes supposed, by the inexperienced, that the class of patients specially considered in the foregoing remarks can, if in a separate establishment, be profitably employed, and do much towards self-support. Experience does not sustain such a view. Their labor is very useful in aiding the sane in the performance of the various kinds of work about an insane asylum, and can be made more available there than anywhere else, especially if a garden and farm be connected with the institution. But they require too much supervision; are too liable to be wasteful, and to do bad work, or spoil their work, to make their employment profitable, when the cost of material enters much into the value of the products of labor. Furthermore, generally they cannot be relied on to work. A few are industrious, and peculiarly devoted to some chosen occupation: but these are exceptional cases. A large majority are not inclined to work, or are not in a fit mental condition to apply themselves to it; and it is both impracticable and improper to force them to it by any system of punishment. In fact, the primary object of the labor of the insane should be their own improvement, mental and physical; and hence they should be induced and encouraged to work by the judicious bestowal of special privileges and favors as a reward therefor.

There is also a large amount of statistical matter contained in the report.

27. PENNSYLVANIA.—*Annual Report of the State Lunatic Hospital of Pennsylvania:* 1869. Dr. JOHN CURWEN.

There were in the hospital at date of last report, 356 patients. Admitted since, 212. Total under treatment, 568. Of these there were discharged recovered, 40. Improved, 42. Unimproved, 48. Died, 28. Total, 158. Remaining under treatment, 410.

In this report Dr. Curwen reiterates the complaint now so common and almost universal among institutions for the insane, that the wards are overcrowded with patients, which seriously disturbs the proper classification, and prevents the attainment of the highest degree of efficiency in the working of the institution. The demand of the hospital is for some provision by which "the atmosphere of the wards in every part should be regularly and constantly changed." To accomplish this the doctor advocates the introduction of forced ventilation by means of fans, and estimates the probable expense of the necessary alterations and fixtures at $50,000. Experience has well demonstrated the practicability and necessity of forced ventilation in insane hospitals. The asylum at Utica, which took the initiative in this, has been thus ventilated seventeen years. Special provision for the care of the colored insane, is also asked for, and the subject earnestly recommended to the attention of the Legislature.

28. MAINE.—*Report of the Maine Insane Hospital:* 1869. Dr. H. M. HARLOW.

There were in the asylum at date of last report, 339 patients. Admitted since, 150. Total under treatment, 489. Of these there were discharged recovered, 68. Improved, 28. Unimproved, 14. Died, 42. Total, 152. Remaining under treatment, 337.

During the year a new ward for men has been erected, which, when completed, will make accommodations in

the institution for 350 patients. There are in the State from twelve to fifteen hundred insane still unprovided for in any institution, and in this report the Doctor advocates the necessity of the immediate erection of another hospital. He favors the separation of the sexes in accordance with the plan proposed in New Jersey, and already carried out by Dr. Kirkbride, at the Pennsylvania Hospital for the Insane.

A plan has been presented and adopted for laying out the grounds in a "scientific and artistic style." The advantages of this improvement are fully stated and urged in the report.

The Doctor states one case which will illustrate the tolerance of cruelties outside an asylum, and the care furnished in the institution. We commend this case to those philanthropists who advocate "free air and family life," instead of treatment in a hospital.

One quite remarkable case, a female, whose earthly life was more than seventy years, went under the dark cloud in early womanhood. She struggled with the monster disease more than fifty years, nearly a score of which she was confined in an out-building, chained by her ancle to the floor, with little or no covering but straw upon which she rested, and without the comfort of fire in the coldest weather. For eighteen mortal years she wore the clanking chain which bound her to the floor, and was only removed when in 1857 she was committed to this institution. Here, by the benevolence and kindness of the municipal officers of the town, she was permitted to spend the evening of her life in comparative comfort and happiness, having at all times the free use of her limbs, frequently going out and in, with warm apartments, a good bed to rest upon at night and during the day when worn by disease and the infirmities of age, and a plenty of wholesome food for subsistence. Thus drifted her weary bark along the shore of time, till tired nature, weary of the struggle, let loose the imprisoned soul.

29. New Jersey.—*Annual Report of the New Jersey State Lunatic Asylum:* 1869. Dr. H. A. Buttolph.

There were in the asylum at date of last report, 520 patients. Admitted since, 248. Total under treatment,

768. Of these there were discharged recovered, 71. Improved, 58. Unimproved, 16. Died, 56. Total, 210. Remaining under treatment, 567.

Dr. Buttolph, in this report, presents to the Legislature a statement of the greatly overcrowded condition of the asylum, and the necessity of additional provision for the insane. There are already sixty-seven patients in the house beyond the proper capacity of the institution. He again urges the propriety of erecting a new hospital contiguous to the present structure, and restates the arguments presented in a special report made to the Legislature upon this subject. The plan then proposed is also reprinted in this report.

30. Wisconsin.—*Annual Report of the Hospital for the Insane of the State of Wisconsin:* 1869. Dr. A. S. McDill.

There were in the hospital at date of last report, 246 patients. Admitted since, 209. Total, 455. Of these there were discharged recovered, 51. Improved, 14. Unimproved, 13. Died, 13. Total, 91. Remaining under treatment, 364.

The report of the superintendent, besides the usual statistics, is mostly taken up with a statement in detail of the repairs and improvements made during the year. The new wards, previously erected, have been occupied. Increased facilities for warming the building, and for protection against fire, have been made. Portions of the building have been painted, and unused room utilized. Other changes and improvements have been made, which add to the comfort of the inmates, and adorn and beautify the grounds. The large number of the insane in the State, who are proper subjects for care and treatment in an institution, induce the Doctor to urge the propriety of erecting a new hospital in some other part of the State.

We trust that Wisconsin will not delay so important and necessary a measure, as many of the older States have done, until weighed down by the burden of chronic lunacy, by the neglect of treatment of acute cases.

31 *Second Report of the Commissioners of the Hospital for the Insane of the Northern District of Pennsylvania:* Danville, December, 1869. Dr. S. S. SCHULTZ.

This report, gives a tabulated statement of the expenditures of the year, together with the contracts made for stone, brick, and carpenter work. About $60,000, have thus far been laid out upon the centre building, and a longitudinal and transverse section on either side.

32. *Report of the Butler Hospital for the Insane*, 1869. Dr. JOHN W. SAWYER.

There were in the hospital at date of last report, 150 patients. Admitted since, 73. Total, 223. Of them there were discharged recovered, 33. Improved, 19. Unimproved, 9. Died, 8. Total, 69. Remaining under treatment, 154.

Dr. Sawyer reports that "the history of the past year seems unusually wanting in striking incidents." The report gives the details of ordinary repairs and of improvements, tending to the amusement and pleasant occupation of patients. Among those mentioned we notice the excavation of a pond in which trout have been placed, and which in the winter months will furnish skating, a pleasing variety in the list of sports for the patients.

33. *Thirty-third Annual Report of the Vermont Asylum for the Insane*, 1869. Dr. W. H. ROCKWELL.

There were in the asylum at date of last report, 515 patients. Admitted since, 124. Total, 639. Of these

there have been discharged recovered, 49. Improved, 19. Unimproved, 16. Died, 44. Total, 128. Remaining under treatment, 511.

34. *Fifty-second Annual Report of the Superintendent of the McLean Asylum for the Insane*, 1869. Dr. JOHN E. TYLER.

There were in the asylum at date of last report, 176 patients. Admitted since, 108. Total, 284. Of these there were discharged recovered, 51. Improved, 20. Unimproved, 8. Died, 18. Insufficient trial, 3. Total, 100. Remaining under treatment, 184.

Dr. Tyler has, in this report, given a somewhat detailed account of the different modes of employment and amusement which he finds especially useful among his patients. Classes in French, drawing, and music have been well attended, and have furnished useful occupation and diversion to many of the patients. Others have advantageously spent their leisure hours in farm work, making articles to be sold at fairs, and others in knitting and sewing for the benefit of the poor in the city. As a means of treatment, especially during convalescence, the Dr. relies in great measure in thus "preoccupying the mind of the patient with some subject, and in some way, when it is able to act in a healthy manner."

35. MINNESOTA.—*Third Annual Report of the Minnesota Hospital for the Insane:* 1869. Dr. CYRUS K. BARTLETT.

There were in the hospital at date of last report, 108 patients. Admitted since, 130. Total, 238. Of these, there were discharged recovered, 44. Improved, 14. Unimproved, 3. Died, 16. Total, 77. Remaining under treatment, 161.

Dr. Bartlett points out a defect in the law for the admission of patients to the asylum—under which, as at present framed, many improper cases are sent by

judicial authority. This he proposes to remedy by inserting a clause requiring the physician ordered to examine, to make oath before a magistrate that the person in his opinion, "*is insane, and a proper subject for hospital treatment.*" He then gives an epitome of the treatment pursued in the institution, under the heads of "medical and moral," and advocates the use of mechanical restraint, as necessary for the welfare of the patient, under proper restrictions; and makes some judicious remarks upon the causation of insanity. The building committee report satisfactory progress upon the new hospital, a portion of which is now ready for occupancy.

NEW YORK.—*Annual Report of the New York Asylum for Idiots:* 1869. Dr. H. B. WILBUR.

Number of pupils in the institution during the year, 149. Average attendance, 140. During the year 21 pupils have been dismissed, and 2 have died.

The dismissals were in most cases of pupils whose term of residence had expired. Three were removed because of sickness, and five because they proved to be unteachable. We quote:

> This institution has now been in operation for more than eighteen years. Its success has met all reasonable expectations. If disappointment there has been, it has arisen mainly from two sources. The general truth of the teachableness of idiots has been established. The number of the class in reference to whom it may be said that education is practicable, may have been less than some had supposed. So, too, the degree and extent of education for the class may not have been as great as was at first predicted.

The general direction of the efforts put forth in the instruction and improvement of this unfortunate class, we give in the Dr.'s own words:

Their instruction and training demand no new principles of education. It simply applies such as are well-grounded to the peculiar conditions that idiocy presents. It finds them, as a class, as has been said, cut off from society by certain defects or infirmities of a physiological character. It seeks to diminish or remove that separation by means directed to modify or do away with those underlying peculiarities. It thus begins by attempts to restore a normal condition of the various functions. It stimulates the exercise of these functions by suitably adapted means. It opens the avenues of sensation, so that the torpid brain is brought into communication with the awakening influences of the outer world. It develops the instrumentalities of resulting action, whether simple or coördinate. It twines the feeble impulses of impaired volition into the stronger cord of a determining and out-reaching will. It sharpens the natural instruments of thought and action. It aims to remove the power of habit from the side of hindrance to that of help, in the way of individual progress. And when these first steps are accomplished, and the pupil is brought within the range of the customary educational means and appliances, it resorts to these.

Dr. Wilbur repeats the recommendation made in a former report, in regard to a separation of the two classes of idiots; viz., those who can be benefited by instruction, and those who are unteachable.

CONNECTICUT.—*Annual Report of the Connecticut School for Imbeciles:* 1869. Dr. H. M. KNIGHT.

Whole number of pupils, 41. Average attendance, 38.

This institution was established in 1858, and has received at public expense from 15 to 20 pupils annually. There have been connected with it 87 pupils. Of these "about 26 per cent. have been so far lifted up, trained, taught, that they have become comparatively useful members of society." "A portion of this class can be improved in personal habits, in general deportment, in capacity for enjoyment." Another portion must always be subjects for thoughtful care. They will be custodials through life. For this last class Dr. Knight urges the erection of a special asylum. The claims of this charity,

the "latest in the circle of human charities," are candidly presented. He takes the broad ground that *all* the feeble-minded children of the State should be gathered into proper asylums or schools.

Report on the Temperature of Certain Nervous Diseases. J. W. Conklin, M. D., of Dayton, Ohio. Columbus, 1870.

This is a pamphlet of 24 pages, and contains an interesting statement of the value of thermometry in the diagnosis of certain lesions of the nervous system. The proposition of Brown-Sequard, that the effects of interruption of continuity of the vaso-motor nerves, (*i. e.*, their paralysis) consist essentially in a paralytic dilatation of blood vessels, which is followed by a "greater afflux of blood and an increase of temperature," is supported by several collated and original cases. The results of investigation into the changes of temperature in cases of mental disorder are also given.

These are most marked, as we might anticipate in cases of insanity where phthisis was the accompanying bodily disease.

Observation on the Use of Steam in the Treatment of Disease of the Middle Ear. By Charles Inslee Pardee. Reprinted from the Transactions of the American Ontological Society, 1870. New York.

In this the author advocates the application of moist heat to the tympanic cavity in cases of chronic aural catarrh of the variety called sclerosis. In this form of disease the lining mucous membrane and the membrana tympai are thickened, and the normal secretion of mucus is lessened or apparently absent. Tinnitus aurium is a distressing and often intractable symptom under the treatment usually adopted. The paper is illustrated by several cases in which the treatment recommended was used with encouraging success.

Syphilis of the Nervous System. By E. L. KEYES, M. D. Reprinted from the New York Medical Journal, November, 1870.

The number of cases analyzed is thirty-four. Of these fourteen were cases of hemiplegia; nine of paraplegia; four of epilepsy; two of facial paralysis; one of paralysis of biceps and deltoid, and four of intellectual derangment. We would like to give the conclusion reached by the author and stated in several succinct propositions, but our space will not admit. Iodide of Potassium is the remedy most relied upon in the treatment of syphilis of the nervous system. The dose varies from five grains to two drams, repeated four times a day.

Specialism in its Relation to Practical Medicine. By L. G. HUBBARD, M. D., Professor of Obstetrics and Diseases of Women and Children, in Yale College. New Haven, 1870. Republished from the Proceedings of the Connecticut Medical Society, 1870.

This is a manly effort, and combats successfully the foolish prejudice which exists in the minds of some practitioners against those who devote themselves to special investigation in the field of medical science. The author proves the necessity of a division of labor to insure the greatest success, as well in the medical as in other professions and pursuits of life. This shows that to laborers in special departments of medicine we owe most of the advance and discoveries which characterize the age.

Notes of a Visit to some Houses at Balfron Licensed for the Reception of a Certain Class of the Insane. By R. H. WICKHAM, Royal Edinburgh Asylum. Reprinted from the Edinburgh Medical Journal for August, 1870.

The reception of this paper recalls many pleasant incidents connected with our visit to the Royal Edinburgh Asylum, in the summer of 1868, and the kind attentions of Dr. Wickham.

The Relative Dangers of Anæsthesia by Chloroform and Ether, from Statistics of 209.893 *Cases.* By E. ANDREWS, A. M., M. D., Professor of the Principles of Practice of Surgery in Chicago Medical Society. Reprinted from the Chicago Medical Examiner. Chicago, 1870.

If we summarize the whole matter, it seems that the various anæsthetics have the following rates of mortality.

Sul. ether, 1 death to 23.204 administrations; chloroform, 1 death to 2.723; mixed chloroform and ether, 1 death to 5.588; bi-chloride of methylene, 1 to 7.000; nitrous oxide, no death in 75,000 administrations.

First Annual Report of the Board of Public Charities of the State of North Carolina. Raleigh, 1870.

This is the first report of the first Board of Public Charities ever created in the State of North Carolina.

In this the secretary has described somewhat in detail the poor-house and prison of each county in the State. The board labored under many difficulties, "as but little opportunity and no means were had to prosecute the purposes for which the board was created." The report is one creditable alike to the commissioners and the State. Its recommendations to the Assembly are in accordance with the most enlightened and advanced views as to the demands of the needy and unfortunate upon the charity of the State.

Annual Report of the Surgeon-General of the United States Army, 1870.

Besides the statistics always found in the report, we have the record of an entirely unprecedented amount of scientific and professional labor. Advancement in the right direction, by close and extended research and investigation, characterizes this bureau of the Govern ment. We quote:

Three thousand and twenty-nine (3,029) photographs were printed, one hundred and six (106) wood cuts were made, one hundred and fifty-three (153) pages of the Surgical History, two hundred and seventy-two (272) pages of the Appended Documents to the Medical and Surgical History, and fifty-nine (59) histories of photographs, or abstracts of cases to accompany photographs, were printed.

The printing of the medical volume of the first part of the Medical and Surgical History of the War, is near completion. This volume embraces the statistical tables representing the sickness, mortality, and discharges from service on surgeon's certificate of disability, of *white* and *colored troops* during the war, and will be a work of nearly seven hundred and fifty (750) pages, quarto. To secure accuracy, the tables were stereotyped as they were finished, and before finally sending them to press they have been thoroughly revised throughout, and every effort made to attain accuracy. With this volume will be bound the appendix to the first part of the Medical and Surgical History of the War, containing the reports of medical directors, and other appended documents—about four hundred (400) pages.

The whole of the manuscript for the Surgical volume of the first part of the Medical and Surgical History of the War, authorized by the act of Congress, approved March 3, 1869, is now prepared, and several of the more important subjects that would belong to the second volume, as, for example, the tabular statements, discussions, histories of typical cases (with illustrative wood cuts and lithographs) of twenty-nine thousand five hundred and seventy-two (29,572) cases of amputations, and four thousand seven hundred and seventy-five (4,775) excisions, are nearly perfected.

The collections of the Army Medical Museum were augmented by the additions of one hundred and nineteen (119) specimens to the Surgical Section, seventy-three (73) to the Medical, seven hundred and sixty-six (766) to the Microscopical, one hundred and sixty-nine (169) to the Anatomical, one hundred and forty-four (144) to the Section of Comparative Anatomy, and eleven (11) to the Miscellaneous Section. The number of catalogued specimens at the date of my last annual report was twelve thousand two hundred and twenty (12,220) and is thus increased to thirteen thousand five hundred and two (13,502.) Great success has been obtained in the Microscopical Section in the direction of Photomicrography.

Report to the Surgeon-General of the United States Army on certain points connected with the histology of minute blood vessels. By Brevet Lieut.-Col. J. J. Woodward, Ass't. Surgeon U. S. Army. Washington, D. C., 1870.

Dr. Woodward here presents in eleven beautiful micro-photographs the results of microscopic investigation, in confirmation of the views of Conheim on inflammation.

His theory is that there exists stomata or pores in the walls of blood vessels, through which, in inflammation, the white blood disks transude and become pus-cells.

These stomata are plainly seen in the photographs, and furnish convincing proof of the correctness of Conheim's theory. Since the publication of the photographs, Dr. Woodward informs us he has, by applying a piece of inflamed tissue to the warm stage of a microscope, seen the actual transudation of the blood cell through the pores of the vessel. This is a most important discovery, and will no doubt prove but the stepping stone to future advance.

The medical profession is largely indebted to Dr. Woodward for his labor in this field, in which he is a pioneer. We look for still further valuable results to science, and trust that such encouragement will be afforded by the Government as will enable Dr. Woodward to continue his investigations. The Army Medical bureau, as at present constituted, is a credit to the medical profession, and an honor to our country.

Lunacy, its Past and its Present. By Robert Gardiner Hill, F. S. A., with Appendix. London, 1870.

This volume gives a history of the rise and progress of the non-restraint system of treatment as now in use in Great Britain, and especially of the part taken therein by its author: *Cujus pars magna fuit.*

Pamphlets and Reports, have been received as follows:

Sixth Annual Report of the Board of State Charities of Massachusetts: to which are added the Reports of the Secretary and General Agent of the Board. Boston, 1870.

Sixth Report of the Trustees of the City Hospital, Boston, with Reports of the Superintendent and Professional Staff, Rules of Admissions and Discharges, etc. Boston, 1870.

Special Report on Prisons and Prison Discipline, made under authority of the Board of State Charities. By the Secretary of the Board. Boston, 1870.

First Annual Report of the New York Ophthalmic and Aural Institute, 46 East Twelfth St. New York, 1870.

Fifty-first Annual Report and Documents of the New York Institution for the Instruction of the Deaf and Dumb, to the Legislature of the State of New York for the year 1869. Albany, 1870.

Seventeenth Annual Report of the Children's Aid Society, November, 1869. New York, 1869.

Minutes of the Twenty-first Annual Meeting of the American Medical Association. Philadelphia, 1870.

Report on the Proper Treatment of the Insane. By JOHN CURWEN, M. D. Harrisburg, Pa. Extracted from the Transactions of the American Medical Association. Philadelphia, 1870.

A paper on Median Lithotomy. By JAMES L. LITTLE, M. D., of New York. Extracted from the Transactions of the American Medical Association. Philadelphia, 1870.

The Physiological Laws of Human Increase. By NATHAN ALLEN, M. D., of Lowell Mass. Extracted from the Transactions of the American Medical Association. Philadelphia, 1870.

Notes on the Phenols from Coal Tar, (the so-called Carbolic Acid,) and on Rhubarb. By E. R. SQUIBB, M. D. From the Proceedings of the American Pharmaceutical Association, 1868. Revised by the author, with additions and corrections for republication in the American Journal of Pharmacy. Philadelphia, 1869.

Relaxation of Pelvic Symphyses during Pregnancy and Parturition. By FREDERICK G. SNELLING, M. D. Reprinted from the American Journal of Obstetrics and Diseases of Women and Children, February 1870. New York, 1870.

Physical Degeneracy. By NATHAN ALLEN, M. D., Lowell Mass. Reprinted from Journal of Psychological Medicine, October, 1870. New York, 1870.

The Bromides: Their Physiological Effects and Therapeutic Uses. By Z. C. MCELROY, M. D., Zanesville, Ohio. Reprinted from the New York Medical Journal, July, 1870.

Valedictory Address to the Graduating Class of Jefferson Medical College. By J. AITKEN MEIGS, M. D. Prof. of the Institutes of Medicine. Philadelphia, 1870.

The Trial of John Reynolds, medico-legally considered. By M. GONZALEZ ECHEVERIA, M. D. New York, 1870.

Medical Opinion of Charles A. Lee, M. D., in the matter of Carlton Gates, deceased. New York, 1870.

Asthenopia, or Weak Sight, as read before the Medical Association of Central New York: Rochester, June 1869. By EDWARD M. CURTIS, M. D., of Oswego. Reprinted from the New York Medical Journal, April, 1870.

Report on Vaccination. By WILLIAM B. DAVIS, of Cincinnati, Ohio. Ohio State Medical Society, Cleveland, June 14, 1870.

Memorandum referring to Extracts from Letters, Reviews and Bibliographical Notices of the Publications of the Surgeon-General's Office. Washington, 1870.